

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 700577 (0)  
1. Corporation Name  
THE COMMUNITY REFORMED CHURCH OF CLEARWATER, INC



Principal Place of Business Mailing Address  
1430 BELLEAIR RD. 1430 BELLEAIR RD.  
CLEARWATER FL 34616 CLEARWATER FL 34616

3. Date Incorporated or Qualified 03/05/1960	3a. Date of Last Report 01/30/1995
4. FEI Number 59-1968188	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

TELGEN, CORNELIUS J  
10907 87TH AVE N  
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE CORNELIUS TELGEN, JR. (T.) *Cornelius Telgen* 1/23/96  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	KOOLE, JAMES
STREET ADDRESS	6578 EVERGREEN AVE
CITY-ST-ZIP	SEMINOLE FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	POPE, DEWARREN
STREET ADDRESS	2353 ARMOUR DR.
CITY-ST-ZIP	DUNEDIN FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	EGGEBEEN, ROBERT
STREET ADDRESS	1430 BELLEAIRE RD.
CITY-ST-ZIP	CLEARWATER FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	SCHIPPER, ALBERT
STREET ADDRESS	567 ULMERTON RD., #175
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GOULD, NORRIS
3.3 STREET ADDRESS	1712 ROBINHOOD LN
3.4 CITY-ST-ZIP	CLEARWATER, FL. 34624
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SALISBURY, KEN
4.3 STREET ADDRESS	1524 LAKEVIEW #305
4.4 CITY-ST-ZIP	CLEARWATER, FL. 34616
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cornelius Telgen* 1/23/96 813-393-3365  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)