

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:47

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/05/1960** 3a. Date of Last Report **01/25/1994**
4. FEI Number **59-1968188** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	TELGEN, CORNELIUS J
STREET ADDRESS	10907 87TH. AVE. N.
CITY-ST-ZIP	SEMINOLE FL
TITLE	PD
NAME	EGGEBEEN, ROBERT
STREET ADDRESS	1430 BELLEAIR RD.
CITY-ST-ZIP	CLEARWATER FL
TITLE	T
NAME	SCHIPPER, ALBERT
STREET ADDRESS	587 ULMERTON RD #175
CITY-ST-ZIP	CLEARWATER FL
TITLE	D
NAME	POST, ROBERT
STREET ADDRESS	1430 BELLEAIR ROAD
CITY-ST-ZIP	CLEARWATER FL
TITLE	D
NAME	GOULD, NORRIS
STREET ADDRESS	1430 BELLEAIR ROAD
CITY-ST-ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES KOOLE	
1.3 STREET ADDRESS	6578 EVERGREEN AVE	
1.4 CITY-ST-ZIP	SEMINOLE, FL 34646	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DEWARREN POPE	
2.3 STREET ADDRESS	2353 ARMOUR DR	
2.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	EGGEBEEN, ROBERT	
4.3 STREET ADDRESS	1430 BELLEAIR RD	
4.4 CITY-ST-ZIP	CLEARWATER, FL 34616	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SCHIPPER, ALBERT	
5.3 STREET ADDRESS	587 ULMERTON, RD #175	
5.4 CITY-ST-ZIP	CLEARWATER, FL	
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 110.07(3)(4), 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 017, 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CORNELIUS TELGEN, JR

1/18/95 813-393-3365
Date Daytime Phone #