

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **700577** (0)
1. Corporation Name
THE COMMUNITY REFORMED CHURCH OF CLEARWATER, INC



Principal Place of Business 1430 BELLEAIR RD. CLEARWATER FL 34616	Mailing Address 1430 BELLEAIR RD. CLEARWATER FL 34616-2357
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3. Date Incorporated or Qualified 03/05/1960	3a. Date of Last Report 01/29/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KOOLE, JAMES	1.2 NAME	
STREET ADDRESS	6578 EVERGREEN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	POPE, DEWARREN	2.2 NAME	
STREET ADDRESS	2353 ARMOUR DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GOULD, NORRIS	3.2 NAME	
STREET ADDRESS	1712 ROBINHOOD LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SALISBURY, KEN	4.2 NAME	
STREET ADDRESS	1524 LAKEVIEW #305	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 or is changed, or on an attachment with an address.

SIGNATURE: **Cornelius Telgen, Jr** **CORNELIUS TELGEN, JR** 1/8/97 (393-3365)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066824

CR2E037 (9/96)