

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90112 028 \*\*\*\*61.25

**DOCUMENT # 700577**

1. Entity Name  
**THE COMMUNITY REFORMED CHURCH OF CLEARWATER, INC**

Principal Place of Business      Mailing Address  
1430 BELLEAIR RD.      1430 BELLEAIR RD.  
CLEARWATER FL 33756      CLEARWATER FL 33756-2357  
US      US

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1968188**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

NORRIS GOULD  
1712 Robinhood Lane  
Clearwater, FL 33764

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Norris Gould*      DATE *2-27-00*  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	NEAL TELGEN	
STREET ADDRESS	10907 87th Avenue N.	
CITY-ST-ZIP	Seminole, FL 33772	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS	1821 NURSERY RD	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	GOULD, NORRIS	
STREET ADDRESS	1712 ROBINHOOD LANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	WING, DEAN	
STREET ADDRESS	1220 MICHIGAN BLVD	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Norris Gould*      SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      **Norris Gould**      Date *2-27-00*      Daytime Phone #

CR2E037 (9/99)