

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90041 026 \*\*\*61.25

**DOCUMENT # 700577**

1. Entity Name

**THE COMMUNITY REFORMED CHURCH OF CLEARWATER, INC**

Principal Place of Business

Mailing Address

1430 BELLEAIR RD.  
 CLEARWATER FL 33756  
 US

1430 BELLEAIR RD.  
 CLEARWATER FL 33756  
 US

00000170



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1968188**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GOULD, NORRIS**  
**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

*N. Gould*

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 NAME  Delete  
**D** GOULD, NORRIS  
 STREET ADDRESS 1712 ROBINHOOD LANE  
 CITY-ST-ZIP CLEARWATER FL

TITLE NAME  Change  Addition  
**D** Gloria Reynolds  
 STREET ADDRESS 1345 Byron Drive  
 CITY-ST-ZIP Clearwater, FL 33756  Change  Addition

TITLE NAME  Delete  
**D** WING, DEAN  
 STREET ADDRESS 1220 MICHIGAN BLVD  
 CITY-ST-ZIP DUNEDIN FL 34698

TITLE NAME  Change  Addition  
**D** TELGEN, NEAL  
 STREET ADDRESS 10907 87TH AVE N  
 CITY-ST-ZIP SEMINOLE FL 33772

TITLE NAME  Delete  
**D** JAMES SPENCE  
 STREET ADDRESS 456 Trinidad Lane  
 CITY-ST-ZIP Largo, FL 33770

TITLE NAME  Change  Addition  
 Head Deacon

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 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 if with an address, with all other like empowered.

SIGNATURE:

*N. Gould*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)