FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 701079 (6)

1. Corporation Name

FIRST CHRISTIAN CHURCH OF CLEARWATER, FLORIDA, I NC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2299 DREW STREET CLEARWATER FL 34625	2299 DREW STREET CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1960
3a. Date of Last Report: 03/23/1994
4. FEI Number: 59-0816438 ☐ 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 X $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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

ELLIOTT, JOE W.
2596 BRAMBLEWOOD DR WEST
CLEARWATER FL 34623

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	TURNER, DR. DONALD	12 NAME	500001439355
STREET ADDRESS	927 HIGH VIEW DR.	13 STREET ADDRESS	-03/24/95--01085--005
CITY-ST-ZIP	PALM HARBOR FL 34683	14 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	P	21 TITLE	D ☒ Change ☐ Addition
NAME	SCHMIDT, PAUL	22 NAME	
STREET ADDRESS	207 MIDWAY ISLAND	23 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34630	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BALM, HOWARD	32 NAME	
STREET ADDRESS	413 PATRICIA AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34625	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BONDURANT, J. RAY	42 NAME	
STREET ADDRESS	310 PALM ISLAND NE	43 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 00000 34630	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	ELLIOTT, JOE W.	52 NAME	3/23/95 MS
STREET ADDRESS	2596 BRAMBLEWOOD DR W	53 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34623	54 CITY-ST-ZIP	
TITLE	P	61 TITLE	☐ Change ☒ Addition
NAME	Hoffman, Robert	62 NAME	
STREET ADDRESS	1855 Brentwood Dr.	63 STREET ADDRESS	
CITY-ST-ZIP	Clearwater FL 34624	64 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)(i), Florida Statutes. 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: Joe Elliott Joe Elliott, Trustee 3/16/95 813-799-0612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #