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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name 701079 (6)

FIRST CHRISTIAN CHURCH OF CLEARWATER, FLORIDA, I

NC.											
Principal Place	e of Business	Mailin	g Address			-			DIE IBIL DIEL	I BIBII BIBII BIB	/// D/D/4 D/B/F /DDF
2299 DREW STREET 2299 DREW STREE CLEARWATER FL 34625 CLEARWATER FL 3											
								3. Date Incorporated or Qualified 06/14/1960	3a.	Date of Last 03/23/	
2. Principal Pl	lace of Business	2a. Ma	ailing Address					4. FEI Number 59-0816438		h	Applied For
Suite, Apt.	#, etc.		ite, Apt. #, etc.								Not Applicable 5 Additional
22		27						5. Certificate of Status Desired	X	•	Required
City & Stati	e	City & State					6. Election Campaign Financing \$5.00 May Be				
Zip	Country	28 Z ₁ 0)	С	ountry	·· · · · · ·		Trust Fund Contribution 8 This corporation has liability to			ed to Fees
24	25	29		30	,		1	 This corporation has liability for Florida Statutes 	rimangibe Yes		; 199.032,
	9. Name and Address of Currer	nt Registere	d Agent		1			10. Name and Address of New	Registere	d Agent	
FULLATI	r IOF W				81	Name	1				
ELLIOTT, JOE W.				82 Street Add			Address	(P.O. Box Number is Not Accepta	ıble)		
2596 Bramblewood Dr West Clearwater FL 34623											
1	WILLIAM CONTROL				84	City					
						•			F	LII	ip Code
 Pursuant to or register 	to the provisions of Sections 617.0502 red agent, or both, in the State of Flori	and 617.15 da. Such cha	08, Florida Statut ange was authoriz	tes, the a	bove-r	amed co	orporation	n submits this statement for the production of the productions. I bereby accept the arr	urpose of o	changing its	registered office
iairiiiai wi	ith, and accept the obligations of, Sect	ion 617.050	3, Florida Statutes	S.			DOGIG O	oreotors. Thoroby accept the ap-	DOI ILLI IOI IL	as registered	agent. Lan
SIGNATURE.	Signature, typod or printed name of registered agent	and tibe if applied	atulo (NI	ΔTE · Down to	seed Amon	Leinoshiro	required whe	o so catalogo			
12.	OFFICERS AN			13		Signature	required whe	ADDITIONS/CHANGES TO OF	DATE FICERS A		OBS IN 12
TITLE	D	·- · · · · · · · · · · · · · · · · · ·	DELETE	1.1	TITLE		D			Change	Addition
NAME	TURNER, DR. DONALD			1.2	1.2 NAME		Smi	lth, Jim			
STREFT ADDRESS	927 HIGH VIEW DR.	4600						Ruskin Rd.			
CITY-ST-ZIP TITLE	PALM HARBOR FL 34683 D		DELETE		CITY-S	I - ZIP	Cle	arwater, FL 3	<u>4625</u>		- Distress
NAME	SCHMIDT, PAUL		FIRECUE		NAME					Change	☐ Addition
STREET ADDRESS	207 MIDWAY ISLAND					ADDRESS					
CITY - S1 - ZIP	CLEARWATER FL 34630				CITY - S						
TITLE	D		DELETE	31	TITLE		1			Change	Addition
NAME	BALM, HOWARD			3.2	NAME						
STREET ADDRESS	413 PATRICIA AVE. CLEARWATER FL 34625					ADDRESS					
CITY-ST-ZIP TITLE	D D		DELETE		CITY-S	T - ZIP	 			Change	Addition
NAME	BONDURANT, J. RAY				NAME					Change	∧ualton
STREET ADDRESS	310 PALM ISLAND NE					ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 34630			4.4	CITY-ST	- ZIP		0000	_		
TITLE	Ţ	DELETE		51	51 TITLE			9000017	ဒ္တဒ္ဆင		Addition
NAMÉ CLOSET LIDEDGO	ELLIOTT, JOE W.				52 NAME			***70.00	UZ3	020	
STREET ADDRESS CITY-ST-ZIP	2596 BRAMBLEWOOD DR W CLEARWATER FL 34623					ADDRESS		. *** 10,00			
TITLE	P		DELETE		CITY-ST TITLE	- ZIP	-			☐ Change	Addition
NAME	Hoffman, Robert		_		NAME					ட சென்று	
STHEET ADDRESS	1855 BRENTWOOD DR.		ı	6.3	STREET	ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 34624			6.4	CITY-ST	- ZIP					
certify triat	y certify that the information supplied vertify that the information indicated on this annual than the information indicated on this annual than the information indicated on the information indicated on the information in	aurennar or s	sunolemental anni	หาลไ กลกกก	t (e tri k	മെമ്മേ	∨oursto so	nd that my cianatura chall have the	مما مصمم	al affact as if	
Oatii, tiiat i	I am an officer or director of the corpo Block 12 or Block 13 if changed, or c	ration or the	receiver or trustee	e empow	ered to	execute	te this rep	ort as required by Chapter 617, F	lorida Stat	utes; and tha	at my name

SIGNATURE: (Joe W. Elliott)

2/28/96 813-799-0612