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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # 701

(6)

| 1. Corporation Name  |  |                     |                                  |  |   |  |
|--|--|---------------------|----------------------------------|--|---|--|
| FIRST CHRISTIAN CHURCH OF CLEARWATER, FLORIDA, I<br>NC.  |  |                     |                                  |  |   |  |
| Principal Place  | e of Business  | Mailing Address     |                                  |  | i 18te nimit minit Rinst Ainti Ainii Ainii Aisti 18th |  |
| 2299 DREW STREET CLEARWATER FL 34625 2299 DREW STREET CLEARWATER FL 34625-3306   |  |                     |                                  |  |   |  |
|  |  |                     |                                  | 3. Date incorporated or Qualified 06/14/1960     | 3a. Date of Lest Report<br>03/05/1996                 |  |
| 2. Principal P   | lace of Business   | 2a. Mailing Address |                                  | 4. FEI Number                                    | Applied For   |  |
| 21   |  | 26                  |                                  | 59-0816438                                       | Not Applicable  |  |
| Suite, Apt.  |  | Suite, Apt. #, etc. |                                  | 5. Certificate of Status Desired                 | \$8.75 Additional Fee Required                        |  |
|  | City & State City & State  |                     |                                  | 6. Election Campaign Financing                   | <b>\$5.00</b> May Be                                  |  |
| <b>23</b> Zip  | Country  | 28                  | Ot                               | Trust Fund Contribution                          | Added to Fees   |  |
| ·  | Country  | Zip                 | Country                          | 8. This corporation has fiability for            | intangible tax under s. 199.032,                      |  |
| 24   | 9. Name and Address of Current                                   |                     | 30                               | Florida Statutes  10. Name and Address of New Re |   |  |
| 9. Name and Address of Current Registered Agent  |  |                     |                                  |  |   |  |
| ELLIOTT, JOE W.  |  |                     |                                  | Smith, James L.                                  |   |  |
| 2596 BRAMBLEWOOD DR WEST<br>CLEARWATER FL 34623  |  |                     | 83                               | 751 RUSKIN RU.                                   |   |  |
| CLEAN  | MIEN FL 34023  |                     |                                  |  |   |  |
|  |  |                     | 64 City                          | Clearwater                                       | FL   85   34625                                       |  |
| 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 register 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 register agent. I am farmiar with, and accept the obligations of, Section 617.0503, Florida Statutes. |  |                     |                                  |  |   |  |
|  |  |                     |                                  |  | at alaska   |  |
| SIGNATURE .  | James d.   | muly, Tru           | ISTEE Registered Agent signature |  | 4 2128/91   |  |
| 12.  | Signature typed or printed name of registered agent OFFICERS AND |                     | 13.                              | ADDITIONS/CHANGES TO OFFI                        | CERS AND DIRECTORS IN 12                              |  |
| TITLE  | D  | DELETE              | 1.1 TITLE                        |  | Change Addition                                       |  |
| NAME   | TURNER, DR. DONALD   |                     | 1.2 NAME                         |  |   |  |
| STREET ADDRESS   | 927 HIGH VIEW DR.  |                     | 1.3 STREET ADDRESS               |  |   |  |
| CITY - ST - ZIP  | PALM HARBOR FL 34883   |                     | 1.4 CITY+ST-ZIP                  |  |   |  |
| TITLE  | D  | DELETE              | 2.1 TITLE                        |  | Change Addition                                       |  |
| NAME   | SCHMIDT, PAUL  |                     | 2.2 NAME                         |  |   |  |
| STREET ADDRESS   | 207 MIDWAY ISLAND  |                     | 2.3 STREET ADDRESS               |  |   |  |
| City-St-ZiP  | CLEARWATER FL 34630  |                     | 2. 4 CiTY-ST-ZIP                 |  |   |  |
| TITLE  | D  | ☐ DELETE            | 3.1 TITLE                        |  | ☐ Change ☐ Addition                                   |  |
| NAME   | SMITH, JIM   |                     | 3.2 NAME                         | <b>4</b> •                                       |   |  |
| STREET ADDRESS   | 731 RUSKIN RD  |                     | 3.3 STREET ADDRESS               |  |   |  |
| CITY-S1-7IP  | CLEARWATER FL 34625  | DELETE              | 3.4. CITY-ST-ZIP                 |  | Change Addition                                       |  |
| TITLE<br>NAME  | D<br>  Bondurant, J. Ray   |                     | 4.1 TITLE<br>4.2 NAME            |  | C CHANGE C AUGILION                                   |  |
| STREET ADDRESS   | 310 PALM ISLAND NE   |                     | 4. 2 NAME<br>4.3 STREET ADDRESS  |  |   |  |
| CITY - ST - 7IP  | CLEARWATER FL 34630  |                     | 4.4 City-St-Zip                  |  |   |  |
| TITLE  | 7  | X DELETE            | 51 TITLE                         | P  | ☐ Change ☐ Addition                                   |  |
| NAME   | ELLIOTT, JOE W.  |                     | 5.2 NAME                         | Guy, Edward F.                                   | ——————————————————————————————————————                |  |
| STREET ADDRESS   | 2596 BRAMBLEWOOD DR W  |                     | 5.3 STREET ADDRESS               | 1872 Del Robles Te                               | rrace   |  |
| CITY - ST - ZIP  | CLEARWATER FL 34623  |                     | 5.4 CITY-ST-ZIP                  | Clearwater, FL 34                                |   |  |
| TITLE  | Р  | DELETE              | 6.1 TITLE                        | D  | Change Addition                                       |  |
| NAME   | HOFFMAN, ROBERT  |                     | 6.2 NAME                         | <b>-</b>   |   |  |
| STREET ADDRESS   | 1855 BRENTWOOD DR.   |                     | 6.3 STREET ADDRESS               |  |   |  |
| CITY-ST-ZIP  | CLEARWATER FL 34624  |                     | 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 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

DAMPS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 28 1997

Daytime Phone # 0067759

**FILED** 

Mar 26 1997 8:00am

Secretary of State