FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998DOCUMENT #

701079

(6)

FILED Mar 05 1998 8:00am Secretary of State

FIRST CHRISTIAN CHURCH OF CLEARWATER, FLORIDA, I NC.						
Principal Place of Business Mailing Address						a arbana dabin dalah sabis dalah sebia dalah dalah babit bibit dabit dabit dabit sebit sebit sebit
2299 DREW STREET CLEARWATER FL 34626 / 33765 2299 DREW STREET CLEARWATER FL 34625/			33765			Date Incorporated or Qualified O6/14/1960 FEI Number
						59-0816438 Not Applicable
2. Principal Place of Business 2a. Mailing Add						5. Certificate of Status Desired \$8.75 Additional Fee Required
Sulte, Apt. #, etc.						6. Election Campaign Financing \$5.00 May Be
22 City & Stat		City & State	City & State			Trust Fund Contribution Added to Fees
23		28				7. Is this nonprofit corporation a homeowners association?
Zip Country Zip			Country			8. This corporation owes or has pald the current year Intangible
24	26	29	30	-		Personal Property Tax due June 30. Yes X No
	9. Name and Address of Curren					10. Name and Address of New Registered Agent
-				81	Name	
SMTIH, JAMES L. 82 Street A					Street Add	Iress (P.O. Box Number is Not Acceptable)
731 RUSKIN RD.			Ì		Oli Opt Maai	illoso (1.0. Dox Harrison in Hot Acceptable)
CLEARWATER FL 3/1929 / 33765]	83		
			}	84	City	85 Zip Code
					•	
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 registere agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
once or registered agent, or both, in the state or horized. Such change was authorized by the corporation's board or directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE						
	Signature, typed or printed name of registered age			d Agent	signature requi	ired when reinstating) DATE
12.	OFFICERS AND	D DIRECTORS DELETE	13.		 	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DO DONALD	TT DECEME				LJ Change LJ Addition
NAME	TURNER, DR. DONALD			1.2 NAME		
STREET ADDRESS	927 HIGH VIEW DR. PALM HARBOR FL 34683		1.3 STREET ADDRESS		1	
CITY-ST-ZIP TITLE	D				ZIP -	☐ Change ☐ Addition
NAME	SCHMIDT, PAUL		2.1 117		Ì	Change Position
STREET ADDRESS	207 MIDWAY ISLAND			2.2 NAME 2.3 STREET ADDRESS		
	CLEARWATER FL 84890/ 33767		1	2.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	DELETE			3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NA			
STREET ADDRESS	The a market was man				DORESS	
CITY-ST-ZIP		3765		ITY-ST-		
TITLE	D	DELETE	4.1 TIT			☐ Change ☐ Addition
NAME	BONDURANT, J. RAY	****	4.2 N	AME		. —
STREET ADDRESS	A44 B444 144 144 144 148 148		4.3 ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	ALCADIAL STOP DI AMARI			ry-st-		
TITLÉ	Р	DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	GUY, EDWARD F.		5.2 NA	5.2 NAME		
STREET ADDRESS 1872 DEL ROBLES TERRACE		5.3 STI	5.3 STREET ADDRESS		•	
CITY-ST-ZIP	ALCANIATED 61 22767		5.4 CIT	5.4 CITY-ST-ZIP		
TITLE	D	DELETE	6.1 TITLE			Change Addition
NAME	HOFFMAN, ROBERT 62		6.2 NA	ME		
STREET ADDRESS	1855 BRENTWOOD DR.		6.3 ST	REET AC	ODRESS	
CITY-ST-ZIP CLEARWATER FL 33764			6.4 CITY-ST-ZIP			
44 I barabu s	artification and according a unpliced with	th this filing doop not qualify fo	the eve	matic	n stated in	Section 119 07/3(ii) Florida Statutos further certify that the information

4. 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 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.

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Johns Library Land

2/18/98

813-799-0612