FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701079

1. Corporation Name

FIRST CHRISTIAN CHURCH OF CLEARWATER, FLORIDA, I

Principal Pla	ace of Business
2299 DREW CLEARWATE US	•

21

2. Principal Place of Business

Mailing Address

2299 DREW STREET CLEARWATER FL 33765

2a. Mailing Address

US

26

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90069 001 ****70.00



3. Date Incorporated or Qualifed

<u>06/14/1960</u>

Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number				ned For	
22		27				59-0816438			Not	Applicable	
City & State	e	City & State			`	5. Certifcate of Sta	tus Desired	×	\$8.75 A Fee Red		
Zip	Country	Zip	Count	n	6. Election Campaign Fina		ian Financina		\$5.00	May Re	
 -	25	29 30	_	•	Trust Fund Contributio		-		Added to	- 1	
24	9. Name and Address of Current I	<u> </u>	<u></u>			10. Name and Add		egistered .	Agent		
	J. Name and Address of Carrent		8	1 Name							
				William Davis							
SMTIH, JAMES L.			8	82 Street Address (P.O. Box Number is Not Acceptable) 1824 Murray Avenue							
731 RUSKIN RD.			8	3	102	4 Murray	Avenue				
CLEARWATER FL 33765			l°	3							
	to the other the walker		8	4 City	01 -				85 Zip C	3755	
The tight of the						arwater		<u>FL</u>	' i		
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 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 617.0503, Florida Statutes.											
SIGNATURE	William a.			am A.		vis	4/	5/99		\	
0.	Signature, typed or printed name of registered agent a			ent signature re	equired wi		NOTO TO OF	DATE	D DIDECTO	DC 191 42	
12.	OFFICERS AND		13.		153.	ADDITIONS/CHA	NGES TO OFF	-ICERS AN		A Addition	
TITLE	D	K DELETE	1.1 TITLE			rector			Change	4E AUDITION	
NAME	TURNER, DR. DONALD		1.2 NAM	E		hn MacBain				1	
STREET ADDRESS	927 HIGH VIEW DR.		1.3 STRE	ET ADDRESS		57 Coachmak		3		ļ	
CITY-ST-ZIP	PALM HARBOR FL 34683	_	1.4 CITY	ST-ZIP	Clo	earwater FL	33765				
TITLE	D	☐ DELETE	2.1 TITULE						Change	☐ Addition	
NAME	SCHMIDT, PAUL		2.2 NAM	.						}	
STREET ADDRESS	207 MIDWAY ISLAND		2.3 STRE	ET ADDRESS							
CITY-ST-ZIP	CLEARWATER FL 33767		2.4 CITY	-ST-ZIP							
.TITLE	D	☐ DELETE	3.1 TITLE	_			~	:-	☐ Change	☐ Addition	
NAME	SMITH, JIM	\mathcal{I}	3.2 NAM	[ļ	
STREET ADDRESS	731 RUSKIN RD	`	3.3 STRI	ET ADDRESS						1	
CITY-ST-ZIP	CLEARWATER FL 33765	·	3.4. CITY	-ST-ZIP							
TITLE	D	⊠ DELETE	4.1 TITL		Tr	easurer			☐ Change	X Addition	
NAME	BONDURANT, J. RAY		4. 2 NAN	ε	Ro	ger Cultice	!			ļ	
STREET ADDRESS	310 PALM ISLAND NE		4.3 STRI	ET ADDRESS	18	81 N. Hercu	les Ave	. #70.	5		
CITY-ST-ZIP	CLEARWATER FL 33767	_	4.4 CITY	·ST-ZIP	C1	<u>earwater FL</u>	33765				
TITLE	P	DELETE	5.1 TITL		Pr	esident			Change	Addition	
NAME	GUY, EDWARD F.		5.2 NAM	E		rry Bogie					
STREET ADDRESS	·		5.3 STR	ET ADDRESS		89 Hunters	Lane			J	
CITY-ST-ZIP	CLEARWATER FL 33764		5.4 CITY	ST-ZIP			4677				
TITLE	D	☐ DELETE •	6.1 TITLE						Change	Addition	
NAME	HOFFMAN, ROBERT		6.2 NAM	 						. }	
STREET ADDRESS	1855 BRENTWOOD DR.		6.3 STR	ETADDRESS						· \	
*	1		6.4 CITY	-ST-ZIP							
CITY-ST-ZIP	CLEARWATER FL 33764					V 440.07/0\/\) Ft-		f 11	eifi. Abad Aba is	<u> </u>	

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 eath; that I am an officer or director of the corporation or phe 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

//22/99 (727) 749-06/2 Date Daytime Phone # CD0E027 (11/08)