

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90005 017 ****61.25

DOCUMENT # 701079

1. Entity Name
**FIRST CHRISTIAN CHURCH OF CLEARWATER,
FLORIDA, INC.**



Principal Place of Business
**2299 DREW STREET
CLEARWATER, FL 33765 US**

Mailing Address
**2299 DREW STREET
CLEARWATER, FL 33765 US**

50058334



06282005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-0816438

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

**MACBAIN, JOHN
1657 COACHMAKERS LANE
CLEARWATER, FL 33765**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MACBAIN, JOHN
1657 COACHMAKERS LANE
CLEARWATER, FL 33765**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
COWDEN, DAN
3008 HARVEST MOON DR
PALM HARBOR, FL 346832120**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BRITT, JERRY
12516 RAWHIDE DR
TAMPA, FL 336263707**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FELDT, ROBERT
2191 WATERSLIDE DR
CLEARWATER, FL 337646658**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WESTERFIELD, JERRY
109 S JUPITER
CLEARWATER, FL 337556541**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
DAVIS, WILLIAM
1824 MURRAY AVE
CLEARWATER, FL 337552308**

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Overtime Phone #

John A. MacBain
7/7/05 727-726-3918