

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90022 026 \*\*\*\*70.00

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07182006

Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-0816438**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

**JOHN MACBAIN, Treasurer &  
Registered Agent**

(NOTE: Registered Agent signature required when reinstating)

**7/19/06**

DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
LEMMEL, WILLIAM  
1846 MELANIE WAY  
PALM HARBOR, FL 34683-4719** ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR  
TURNER, DON  
927 HIGHVIEW DRIVE  
PALM HARBOR, FL 34683-6616** ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR  
TURNER, DON  
927 HIGHVIEW DRIVE  
PALM HARBOR, FL 34683-6616** ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR  
TURNER, DON  
927 HIGHVIEW DRIVE  
PALM HARBOR, FL 34683-6616** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**JOHN MACBAIN, Treasurer 727-799-0612**

Date

Daytime Phone #