


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2007 8:00 am
Secretary of State

08-01-2007 90034 007 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07102007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-0816438	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACBAIN, JOHN		NAME		
STREET ADDRESS	1657 COACHMAKERS LANE		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER, FL 33765		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEMMEL, WILLIAM		NAME		
STREET ADDRESS	1846 MELANIE WAY		STREET ADDRESS		
CITY - ST - ZIP	PALM HARBOR, FL 346834719		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRITT, JERRY		NAME		
STREET ADDRESS	12516 RAWHIDE DR		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 336263707		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FELDT, ROBERT		NAME		
STREET ADDRESS	2191 WATERSLIDE DR		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER, FL 337646658		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURNER, DON		NAME		
STREET ADDRESS	927 HIGHVIEW DR		STREET ADDRESS		
CITY - ST - ZIP	PALM HARBOR, FL 346836616		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 7/30/07 Daytime Phone #: 727-799-0612		