

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90132 008 \*\*\*\*70.00

<b>DOCUMENT # 701079</b> 1. Entity Name <b>FIRST CHRISTIAN CHURCH OF CLEARWATER, FLORIDA, INC.</b>					
Principal Place of Business <b>2299 DREW STREET CLEARWATER, FL 33765 US</b>				Mailing Address <b>2299 DREW STREET CLEARWATER, FL 33765 US</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-0816438</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MACBAIN, JOHN 1657 COACHMAKERS LANE CLEARWATER, FL 33765</b>				7. Name and Address of New Registered Agent Name <b>George Williams</b> Street Address (P.O. Box Number is Not Acceptable) <b>30 82nd Avenue</b> City <b>Treasure Island</b> <b>FL</b> Zip Code <b>33706</b>	
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 obligation of registered agent.					
SIGNATURE <i>George Williams</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>George Williams - Treasurer/Registered Agent</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MACBAIN, JOHN</b> <b>1657 COACHMAKERS LANE</b> <b>CLEARWATER, FL 33765</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>George Williams</b> <b>30 82nd Ave</b> <b>Treasure Island, FL 33706-5209</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEMMEL, WILLIAM</b> <b>1846 MELANIE WAY</b> <b>PALM HARBOR, FL 346834719</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>George Williams</b> <b>30 82nd Ave</b> <b>Treasure Island, FL 33706-5209</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRITT, JERRY</b> <b>12516 RAWHIDE DR</b> <b>TAMPA, FL 336263707</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>Ed Guy</b> <b>600 Westfield Court</b> <b>Dunedin, FL 34698-7438</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TURNER, DON</b> <b>927 HIGHVIEW DR</b> <b>PALM HARBOR, FL 346836616</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Jerry Westerfield</b> <b>109 S. Jupiter Ave</b> <b>Clearwater, FL 33755-6512</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>David Hall</b> <b>1339 Homestead Way</b> <b>Palm Harbor, FL 34683-3943</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <i>George Williams</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>George Williams, Treasurer</b>		<b>4/21/08</b> <small>Date</small>	<b>727-799-0612</b> <small>Daytime Phone #</small>