

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 703083 (6)**  
1. Corporation Name  
**FIRST ASSEMBLY OF GOD CHURCH OF CLEARWATER, INC.**

Principal Place of Business <b>1739 S. GREENWOOD AVE CLEARWATER FL 34616 US</b>	Mailing Address <b>1739 S. GREENWOOD AVE CLEARWATER FL 34616 US</b>
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3. Date incorporated or Qualified <b>10/26/1961</b>	
4. FEI Number <b>59-1218816</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**LAMBERT, STEVEN  
1739 S GREENWOOD AVE  
34616**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number Is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KISTNER, GARY</b>	1.2 NAME	<b>AUDE, ROBERT</b>
STREET ADDRESS	<b>10251 135TH ST N</b>	1.3 STREET ADDRESS	<b>1719 BRENTWOOD DRIVE</b>
CITY-ST-ZIP	<b>LARGO FL</b>	1.4 CITY-ST-ZIP	<b>CLEARWATER FL 33756</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAMS, TOM</b>	2.2 NAME	<b>BAKER, WILLIAM</b>
STREET ADDRESS	<b>1231 KAPOK CIR</b>	2.3 STREET ADDRESS	<b>1022 BROOKSIDE DRIVE</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	2.4 CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NELSON, DALE</b>	3.2 NAME	<b>ANDERSON, CARY</b>
STREET ADDRESS	<b>904 WYATT ST</b>	3.3 STREET ADDRESS	<b>1676 EL TAIR TRAIL</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	3.4 CITY-ST-ZIP	<b>CLEARWATER FL 33765</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LAMBERT, STEVE</b>	4.2 NAME	<b>JENKINS, HAROLD</b>
STREET ADDRESS	<b>1739 S GREENWOOD AVE</b>	4.3 STREET ADDRESS	<b>3021 COUNTRYSIDE BLVD #32-A</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	4.4 CITY-ST-ZIP	<b>CLEARWATER FL 33761</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WEISER, BILL</b>	5.2 NAME	<b>KRIEVER, BLAIR</b>
STREET ADDRESS	<b>1849 LAURENCE COURT</b>	5.3 STREET ADDRESS	<b>1351 FAIRFIELD DRIVE</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	5.4 CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>WELD, LARRY</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>29742 66TH WAY N</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>CLEARWATER FL 33761</b>

14. 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 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E037 (10/97)