FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(6)

DOCUMENT # CHILD EVANGELISM FELLOWSHIP OF UPPER PINELLAS AN

Principal Place of Business Malling Address 1100 CLEVELAND ST., SUITE 1116 P.O. BOX 5323 CLEARWATER FL 34618-5323 US 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2clearwater FL 34618-5323 US 3. Date Incorporated or Qualified O4/27/1995 4. FEI Number Sp-1095111 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & Stat	D PASCO COUNTIES, INC.									
P.O. BOX S323 US CLEARWATER FL 34618-5323 US Date Incorporated or Qualified O6/28/1982 3. Date Incorporated or Qualified O6/28/1982 4. FEI Number S9-1095111 Applied For Not Applied For O6/28/1982 Appl	Principal Place	of Business	Mailing Address				-		011 9 1011 013	
US 2. Date incorporated of Qualified (04/27/1995) 2. Principal Place of Business	P.O. BOX 532	23	P.O. BOX 5323							
Solida			_							i
Secretificate of Status Desired Fee Required		ace of Business	·				4. FEI Number 59-1095111			
Zip		#, etc.					5. Certificate of Status Desired	+		
28	 -	9	⊢ , ′				, , ,			
IMSON, DONALD 1466 BYRAM DRIVE CLEARWATER FL 34615 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 offinor 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 accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent are still depoted. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 15. IMSON, DONALD 16. IMSON, DONALD 17. INTERET ADDRESS CITY-ST-2P CLEARWATER, FL 00000 18. STREET ADDRESS CITY-ST-2P CLEARWATER, FL 00000 19. STREET ADDRESS CITY-ST-2P CLEARWATER FL 22. AME STREET ADDRESS CLEARWATER FL 24. AUTY-ST-2P TITLE DELETE 32. STREET ADDRESS CLEARWATER FL 24. AUTY-ST-2P TITLE DELETE 33. INTILE DELETE 34. Addition Change Addition Addition Addition Addition Addition AME LAKE, SHELLA AKE, SHELA	_ `	— ·		<u>}</u>			Florida Statutes 🔲 Yes 🔀 No			
IMSON, DONALD 1466 BYRAM DRIVE CLEARWATER FL 34615 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 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent are the 4 appointment as a registered Agent signature required when renetating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE TO DELETE 11. Pursuant to the provisions of Sections 617.0502, Florida Statutes. Signature, typed or printed name of registered agent are the 4 appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE TO DELETE 11. Pursuant to the provisions of Sections 617.0502 and 617.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of the obligations of change in the statement for the purpose of changing its registered office of the obligations of change in the statement for the purpose of changing its registered office of the obligations of change in the statement for the purpose of changing its registered office of the obligations of change in the statement for the purpose of changing its registered office of the obligations of change in the statement for the purpose of changing its registered agent and the above-named corporations submits this statement for the purpose of changing its registered office of the obligations of changing its registered agent and the above-named corporation submits this statement for the purpose of changing its registered agent and the above-named corporation submits this statemen		9. Name and Address of Curren	t Registered Agent		ļ		10. Name and Address of New Re	gistered Agent		
CLEARWATER FL 34615 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 Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature requised when renstating. DATE Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature requised when renstating. DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE NAME IMSON, DONALD 12 NAME SIREET ADDRESS CITY-ST-ZIP ITILE DVC DELETE 21 TITLE Change Addition AMAE LAKE, KEITH AKE, SHEILA AKE, SHEIL					81					
CLEARWATER FL 34615 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 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 Signature, typed or printed name of registered agent and bits if applicable. [NOTE: Registered Agent signature required when renstating). DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 10 DELETE 11.1 TITLE 11.2 TO DELETE 11.3 STREET ADDRESS 1466 BYRAM DR 1.3 STREET ADDRESS 1.4 CITY. ST-2IP CLEARWATER, FL 00000 1.4 CITY. ST-2IP CLEARWATER, FL 00000 1.4 CITY. ST-2IP CLEARWATER FL 2.2 NAME STREET ADDRESS CITY. ST-2IP CLEARWATER FL 2.3 STREET ADDRESS CITY. ST-2IP CLEARWATER FL D DELETE 3.1 TITLE D Change Addition Addition Change Addition Addition Change Addition Addition Change Addition	·					Street Addre	ss (P.O. Box Number is Not Acceptable	3)		
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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE Signature, Typed or printed name of registered agent and title if applicable. INOTE: Registered Agent signature required when renstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE TO DELETE 1.1 TITLE TO MISON, DONALD 1.2 NAME IMSON, DONALD 1.3 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 00000 1.4 CITY-ST-ZIP TITLE DVC DELETE 2.1 TITLE DVC DELETE 2.1 TITLE DVC DELETE 2.1 TITLE DVC Change Addition Addition Change Addition Change Addition Change Addition Change Addition Change Addition	1				В3					
or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. If an infamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature					ll	•		PL	•	
SIGNATURE Signature, typed or printed name of registered agent and bits if applicable. NOTE: Registered Agent eignature required when reinstating? 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME IMSON, DONALD 12 NAME STREET ADDRESS CITY-ST-ZIP TILE DVC DELETE 1.3 TITLE 1.3 STREET ADDRESS CITY-ST-ZIP TITLE DVC DELETE 2.1 TITLE Change Addition	11. Pursuant or register familiar wi	to the provisions of Sections 617.0502 red agent, or both, in the State of Flori ith, and accept the obligations of, Sect	and 617.1508, Florida Statute da. Such change was authoriz- ion 617.0503, Florida Statutes	es, the ab ed by the	corps	named corpora pration's board	tion submits this statement for the purp d of directors. I hereby accept the appo	ose of changing i intment as registe	is register red agent	ed office I am
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE TO DELETE NAME IMSON, DONALD STREET ADDRESS CITY-ST-ZIP THE DVC NAME LAKE, KEITH STREET ADDRESS CITY-ST-ZIP CLEARWATER FL DELETE 1.1 TITLE 1.2 NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP CLEARWATER FL DELETE 2.1 TITLE DC Change Addition Addition Change Addition Addition Change Addition Addition Change Addition CLEARWATER FL CLEARWATER F										
TITLE					•	l signature required			TORS IN	112
MAME					•	<u> </u>	ADDITIONS/CHANGES TO OFFI			
1466 BYRAM DR			Присси					(,,	
CLEARWATER, FL 00000						ADDRESS				
DVC										
NAME LAKE, KEITH 22 NAME STREET ADDRESS 1465 WOODBINE ST 2.3 STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 2.4 CITY-ST-ZIP TITLE D □ DELETE 3.1 TITLE NAME LAKE, SHEILA 32 NAME			DELETE		-	1-21		☐ Chan	ge 🔲	Addition
STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP TITLE D Change Addition Addition Addition Addition Addition								_	. –	
CITY-ST-ZIP CLEARWATER FL 2.4 DITY-ST-ZIP TITLE D DELETE 3.1 TITLE NAME LAKE, SHEILA 3.2 NAME						ADDRESS				
TITLE D DELETE 3.1 TITLE Change Addition NAME LAKE, SHEILA 3.2 NAME										
NAME LAKE, SHEILA 32 NAME			DELETE		+			Chan	ge 🔲	Addition
AACE WOODBILL OT		LAKE, SHEILA	_	3.2	MAME					
				3.3	STAEET	ADDRESS				
CITY-ST-ZIP CLEARWATER FL 34. DITY-ST-ZIP				3.4.	DITY-8	ST-ZIP				
TITLE SD DELETE 4.1 TITLE Change Addition		SD	DELETE	4.1	ITLE			☐ Chan	ge 🔲	Addition
NAME WULKAN, MARY 4.2 NAME	NAME			4.2	NAME					
STREET ADDRESS 1854 OAKDALE LN N. 4.3 STREET ADDRESS	STREET ADDRESS			4.3	STREET	ADDRESS				
CITY-ST-ZIP CLEARWATER FL 44 CITY-ST-ZIP	CITY-ST-ZIP					T-ZIP		<u> </u>		
TITLE CD DELETE 5.1 TITLE Change Addition	TITLE	**	DELETE	5.1	TITLE			☐ Char	ge LL.	Addition
NAME WULKAN, LESTER 52 NAME	NAME	•		5.2	NAME					
STREET ADDRESS 1854 OAKDALE LN N 5.3 STREET ADDRESS	STREET ADDRESS					i i				
CITY-ST-ZIP CLEARWATER, FL 00000 5.4 CITY-ST-ZIP	CITY-ST-ZIP				•	ST-ZIP				Addition
TITLE D DELETE 6.1 TITLE Change Addition	TITLE	_	[_]DELETE					∟ Unar	Re [AUDIRIN
NAME MITCHELL, RUBY 62 NAME		1 -								
STREET ADDRESS 412 PALMETTO 63 STREET ADDRESS	STREET ADDRESS					i				1
CITY-ST-ZIP DUNEDIN, FL 00000 6.4 CITY-ST-ZIP 14. Lide hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further	CITY-ST-ZIP	by partify that the information symplect	with this filing is voluntarily fun	6.4	CITY-S	ST-ZIP	or the exemption stated in Section 119	07(3)(k). Florida St	atutes. I f	urther

SIGNATURE: