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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **704228** (6)

1. Corporation Name

CHILD EVANGELISM FELLOWSHIP OF UPPER PINELLAS AND PASCO COUNTIES, INC.

Principal Place of Business	Mailing Address
1100 CLEVELAND ST., SUITE 4110 1115 CLEARWATER FL 34616-33755 US	1100 CLEVELAND ST., SUITE 4110 1115 P.O. BOX 5323 CLEARWATER FL 34616-5323 US 33758-5323

3. Date Incorporated or Qualified

06/28/1962

4. FEI Number

59-1095111

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IMSON, DONALD
1486 BYRAM DRIVE

CLEARWATER FL 34616-33755

81 Name

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

83

84 City

FL

85 Zip Code

33755

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	IMSON, DONALD	
STREET ADDRESS	1486 BYRAM DR	
CITY - ST - ZIP	CLEARWATER, FL 00000	

TITLE	DVC	<input checked="" type="checkbox"/> DELETE
NAME	LAKE, KEITH	
STREET ADDRESS	1485 WOODBINE ST	
CITY - ST - ZIP	CLEARWATER FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LAKE, SHEILA	
STREET ADDRESS	1485 WOODBINE ST	
CITY - ST - ZIP	CLEARWATER FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WULKAN, MARY	
STREET ADDRESS	1854 OAKDALE LN N.	
CITY - ST - ZIP	CLEARWATER FL	

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	WULKAN, LESTER	
STREET ADDRESS	1854 OAKDALE LN N	
CITY - ST - ZIP	CLEARWATER, FL 00000	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MITCHELL, RUBY	
STREET ADDRESS	412 PALMETTO	
CITY - ST - ZIP	DUNEDIN, FL 00000	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DVC
2.3 STREET ADDRESS	SPARKS, JOHN
2.4 CITY - ST - ZIP	25 JOYCE STREET SAFETY HARBOR, FL. 34695

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD
4.3 STREET ADDRESS	MATTHEW, TULIP
4.4 CITY - ST - ZIP	1170 B - BELLAIR RD. CLEARWATER, FL. 33756

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CD
5.3 STREET ADDRESS	AUDRAIN, SUSAN
5.4 CITY - ST - ZIP	6809 STONE'S THROW CIRCLE #16205 ST. PETERSBURG, FL 33710

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: *Donald L. Imson*

4/15/98 (813) 461-4067

CP2E037 (10/97)