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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90181 020 \*\*\*\*61.25

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DOCUMENT # 704228

1. Corporation Name

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

Principal Place of Business

1100 CLEVELAND STREET  
SUITE 1115  
CLEARWATER FL 33755  
US

Mailing Address

P O BOX 5323  
P.O. BOX 5323  
CLEARWATER FL 33758-323  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/28/1962

4. FEI Number

59-1095111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

IMSON, DONALD  
1466 BYRAM DRIVE

CLEARWATER FL 33755

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE

TITLE TD  
NAME IMSON, DONALD  
STREET ADDRESS 1466 BYRAM DR  
CITY-ST-ZIP CLEARWATER, FL 00000

TITLE DVC  
NAME SPARKS, JOHN  
STREET ADDRESS 25 JOYCE STREET  
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE D  
NAME LAKE, SHEILA  
STREET ADDRESS 1465 WOODBINE ST  
CITY-ST-ZIP CLEARWATER FL

TITLE SD  
NAME MATTHEW, TULIP  
STREET ADDRESS 1170 B BELLEAIR RD  
CITY-ST-ZIP CLEARWATER FL 33756

TITLE CD  
NAME AUDRAIN, SUSAN  
STREET ADDRESS 6809 STONES THROW CIRCLE #16205  
CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE D  
NAME MITCHELL, RUBY  
STREET ADDRESS 412 PALMETTO  
CITY-ST-ZIP DUNEDIN, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 33755

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE TD ☐ Change ☒ Addition  
3.2 NAME JOSEPH E GARRISON  
3.3 STREET ADDRESS PO BOX 1221  
3.4 CITY-ST-ZIP DUNEDIN FL 34697

4.1 TITLE SD ☐ Change ☒ Addition  
4.2 NAME CAROLYN CALCATERRA  
4.3 STREET ADDRESS 2419 GULF TO BAY # 926  
4.4 CITY-ST-ZIP CLEARWATER FL 33756

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME JO Fort  
6.3 STREET ADDRESS 6080 80th STREET N - 311  
6.4 CITY-ST-ZIP ST PETERSBURG FL

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
JOSEPH E GARRISON 4/13/99 535 2257

Date

Daytime Phone #

CR2E037 (11/98)