

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 704693**

1. Entity Name  
**CLEAR LAKE FIRST BAPTIST CHURCH INC**



Principal Place of Business  
**1640 MINNIE STREET  
COCOA, FL 32926 US**

Mailing Address  
**1640 MINNIE STREET  
COCOA, FL 32026 US**



04202005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1155861**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SIEMS, JOHN  
1614 LAMARCHE DR  
COCOA, FL 32926**

**DO NOT WRITE  
IN THIS SPACE**

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 obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Due by May 1, 2005**

Trust Fund Contribution.

☐ **\$10.00 may be Added to Fees**

## 10. OFFICERS AND DIRECTORS

|                |                          |
|----------------|--------------------------|
| TITLE          | TR                       |
| NAME           | MARKS, PAUL              |
| STREET ADDRESS | 3578 MURRELL RD          |
| CITY-ST-ZIP    | ROCKLEDGE, FL 32955      |
| TITLE          | TR                       |
| NAME           | MCNEAL, BILL             |
| STREET ADDRESS | 358 BAY AVE              |
| CITY-ST-ZIP    | COCOA, FL 32922          |
| TITLE          | C                        |
| NAME           | SIEMS, JOHN              |
| STREET ADDRESS | 1614 LAMARCHE DR         |
| CITY-ST-ZIP    | COCOA, FL 32926          |
| TITLE          | TR                       |
| NAME           | TIDWELL, JOE             |
| STREET ADDRESS | 3250 BISCAYNE DR         |
| CITY-ST-ZIP    | MERRITT ISLAND, FL 32953 |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |

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**DO NOT WRITE  
IN THIS SPACE**

12. 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 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.

SIGNATURE: *X John H. Siems*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05 321-636-3816

Date

Daytime Phone #