

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **707020** (4)

1. Corporation Name

**TRINITY BAPTIST CHURCH OF CLEARWATER, INC.**

05 MAY - 1 11 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
2235 NE COACHMAN RD CLEARWATER FL 34625-2214  
2235 NE COACHMAN RD CLEARWATER FL 34625-2214

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/23/1964</b>	3a. Date of Last Report <b>07/26/1994</b>
4. FEI Number <b>59-1485427</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.037 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2121 N.E. Coachman Rd Suite, Apt. #, etc.	2a. Mailing Address 26 2121 N.E. Coachman Rd Suite, Apt. #, etc.
22 Clearwater Fla City & State	27 Clearwater Fla City & State
23 34625 Zip	28 34625 Zip
24 US Country	29 US Country

9. Name and Address of Current Registered Agent

**MCCOY, H BRUCE  
1135 CHANDLER RD  
CLEARWATER FL 34625**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T/D	EVANS, LACY M 2316 ST CHARLES DR CLEARWATER FL 34624	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	MILLER, BOB 1053 CANDLER RD CLEARWATER FL 34625	12 NAME	
P	MCCOY, H BRUCE 1135 CANDLER RD CLEARWATER FL 34625	13 STREET ADDRESS	
SD	FULLER, STEVE 1805 EAGLETRACE BLVD PALM HARBOR FL 34685	14 CITY ST ZIP	
		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		22 NAME	
		23 STREET ADDRESS	
		24 CITY ST ZIP	
		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		32 NAME	
		33 STREET ADDRESS	
		34 CITY ST ZIP	
		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42 NAME	
		43 STREET ADDRESS	
		44 CITY ST ZIP	
		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52 NAME	
		53 STREET ADDRESS	
		54 CITY ST ZIP	
		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62 NAME	
		63 STREET ADDRESS	
		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *H. Bruce McCoy* H. BRUCE MCCOY APRIL 24, 1995 (13) 446-2932  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type Name)