

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 709641 (5)
1. Corporation Name
FIRST CHURCH OF GOD OF CLEARWATER, FLORIDA, INC.



Principal Place of Business: **2110 NORTH HERCULES AVE. CLEARWATER FL 34623**
Mailing Address: **2110 NORTH HERCULES AVE. CLEARWATER FL 34623**

3. Date Incorporated or Qualified: **09/23/1965** 3a. Date of Last Report: **03/31/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1781112		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		XX			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28					
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COLE DENNIS 2110 N HERCULES AVE CLEARWATER FL 34623				81 Name			
				McMullen, Kenneth E.			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				2110 N. Hercules Ave.			
				83			
				84 City			
				Clearwater			
				FL			
				85 Zip Code			
				34623			

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: Kenneth E. McMullen Kenneth E. McMullen 4/28/96 DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOVE, WILLIAM K JR			1.2 NAME			
STREET ADDRESS	1309 YOUNG AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLLIER, TERRY L			2.2 NAME	Kindle, Kirby		
STREET ADDRESS	6847 CIRCLE CREEK DRIVE			2.3 STREET ADDRESS	643 Weathersfield Dr.		
CITY-ST-ZIP	PINELLAS PARK FL			2.4 CITY-ST-ZIP	Dunedin, FL 34698		
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDERSEN, JON			3.2 NAME	McMullen, Kenneth E.		
STREET ADDRESS	1181 FAIRWAY DRIVE			3.3 STREET ADDRESS	1681 Elm Place		
CITY-ST-ZIP	DUNEDIN FL			3.4 CITY-ST-ZIP	Clearwater, FL 34615		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BABER, DOUGLAS			4.2 NAME			
STREET ADDRESS	2049 NUGGET DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FORSBERG LORREN			5.2 NAME			
STREET ADDRESS	2188 ELM PLACE #1104			5.3 STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN FL			5.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLE, DENNIS			6.2 NAME	Collyer, Laura W.		
STREET ADDRESS	9220 MERRIMOR BLVD			6.3 STREET ADDRESS	3350 E. Lakeshore Ln.		
CITY-ST-ZIP	LARGO FL			6.4 CITY-ST-ZIP	Clearwater, FL 34621		

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 19.07(3)(k), 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: Kenneth E. McMullen Kenneth E. McMullen (813) 734-1447 DATE Daytime Phone #

CR2E037 (12/95)