

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 709641 (5)**  
1. Corporation Name  
**FIRST CHURCH OF GOD OF CLEARWATER, FLORIDA, INC.**



Principal Place of Business <b>2110 NORTH HERCULES AVE. CLEARWATER FL 34623</b>	Mailing Address <b>2110 NORTH HERCULES AVE. CLEARWATER FL 34623-2319</b>
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3. Date Incorporated or Qualified <b>09/23/1965</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1781112</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent  
**MCMULLEN, KENNETH E.  
2110 N HERCULES AV  
CLEARWATER FL 34623**

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

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>DOVE, WILLIAM K JR</b>
STREET ADDRESS	<b>1309 YOUNG AVENUE</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>KINDLE, KIRBY</b>
STREET ADDRESS	<b>643 WEATHERSFIELD DR</b>
CITY-ST-ZIP	<b>DUNEDIN FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>MCMULLEN, KENNETH E.</b>
STREET ADDRESS	<b>1881 ELM PLACE</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BABER, DOUGLAS</b>
STREET ADDRESS	<b>2049 NUGGET DRIVE</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FORSBERG LORREN</b>
STREET ADDRESS	<b>2188 ELM PLACE #1104</b>
CITY-ST-ZIP	<b>DUNEDIN FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>COLLYER, LAURA W.</b>
STREET ADDRESS	<b>3550 E LAKESHORE LN</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SEWELL, SUE</b>
1.3 STREET ADDRESS	<b>2148 University Ct.</b>
1.4 CITY-ST-ZIP	<b>Clearwater, FL 34624</b>
2.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>HASSELL, BYRON</b>
2.3 STREET ADDRESS	<b>3362 Laurelwood Ct.</b>
2.4 CITY-ST-ZIP	<b>Tarpon Springs, FL 34689</b>
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>TAYLOR, JACK E.</b>
5.3 STREET ADDRESS	<b>1791 Braxton Bragg Ln.</b>
5.4 CITY-ST-ZIP	<b>Clearwater, FL 34625</b>
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 do 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: Kenneth E. McMullen **REQUIRED** 4/24/97 399-7141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0067634

CR2E037 (9/96)