


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 22 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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</b>
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3. Date Incorporated or Qualified <b>09/23/1965</b>		
4. FEI Number <b>59-1781112</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 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 33763**

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* DATE: *3/4/98*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD SEWELL, SUE</b>	1.1 TITLE	<b>SD Norling, Ernest</b>
NAME	<b>2148 UNIVERSITY CT.</b>	1.2 NAME	<b>2091 Lakewood Dr.</b>
STREET ADDRESS	<b>CLEARWATER FL</b>	1.3 STREET ADDRESS	<b>Clearwater, FL</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<b>VD HASSELL, BYRON</b>	2.1 TITLE	
NAME	<b>3382 LAURELWOOD CT.</b>	2.2 NAME	
STREET ADDRESS	<b>TARPON SPRINGS FL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<b>T McMULLEN, KENNETH E.</b>	3.1 TITLE	
NAME	<b>1881 ELM PLACE</b>	3.2 NAME	
STREET ADDRESS	<b>CLEARWATER FL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<b>D BABER, DOUGLAS</b>	4.1 TITLE	
NAME	<b>2049 NUGGET DRIVE</b>	4.2 NAME	
STREET ADDRESS	<b>CLEARWATER FL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<b>D TAYLOR, JACK E.</b>	5.1 TITLE	
NAME	<b>1791 BRAXTON BRAGG LANE</b>	5.2 NAME	
STREET ADDRESS	<b>CLEARWATER FL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<b>PD COLLYER, LAURA W.</b>	6.1 TITLE	
NAME	<b>3550 E LAKESHORE LN</b>	6.2 NAME	
STREET ADDRESS	<b>CLEARWATER FL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Kenneth E. McMullen*

*3/4/98*

CR2E037 (10/97)