


FILE NOW: FILING FEE IS \$61.25

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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90038 048 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 709641 NC	
1. Corporation Name FIRST CHURCH OF GOD OF CLEARWATER, FLORIDA, INC. 12/21/98 <i>Bayside Community Church of God, Inc</i>	
Principal Place of Business 2110 NORTH HERCULES AVE. CLEARWATER FL 34623	Mailing Address 2110 NORTH HERCULES AVE. CLEARWATER FL 34623



2. Principal Place of Business 21 3350 STATE ROAD 580 Suite, Apt. #, etc.	2a. Mailing Address 26 3350 STATE ROAD 580 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 09/23/1965
22 City & State Safety Harbor, FL	27 City & State Safety Harbor, FL	4. FEI Number 59-1781112
23 Zip 34695	29 Zip 34695	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent MCMULLEN, KENNETH E. 2110 N HERCULES AV CLEARWATER FL 33763		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		10. Name and Address of New Registered Agent
		81 Name LAURA W. Collyer
		82 Street Address (P.O. Box Number is Not Acceptable) 3350 E LAKE SHORE LN
		83
		84 City CLEARWATER
		85 Zip Code 33761

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD <input checked="" type="checkbox"/> DELETE	NAME NORLING, ERNEST	1.1 TITLE SD HARRY MOTT <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME 1127 OAKWOOD DR.
STREET ADDRESS 2081 LAKEWOOD DRIVE	CITY-ST-ZIP CLEARWATER FL	1.3 STREET ADDRESS DUNEDIN, FL 34694	1.4 CITY-ST-ZIP
TITLE VD <input type="checkbox"/> DELETE	NAME HASSELL, BYRON	2.1 TITLE D Don Sumpter <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME 3662 Imperial Ridge Pkwy.
STREET ADDRESS 3362 LAURELWOOD CT.	CITY-ST-ZIP TARPON SPRINGS FL	2.3 STREET ADDRESS Palm Harbor, FL 34684	2.4 CITY-ST-ZIP
TITLE T <input checked="" type="checkbox"/> DELETE	NAME MCMULLEN, KENNETH E.	3.1 TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME LAURA W. Collyer
STREET ADDRESS 1681 ELM PLACE	CITY-ST-ZIP CLEARWATER FL	3.3 STREET ADDRESS 3350 E LAKE SHORE LN	3.4 CITY-ST-ZIP CLEARWATER, FL 33761
TITLE D <input checked="" type="checkbox"/> DELETE	NAME BABER, DOUGLAS	4.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME DOUG MORRIS
STREET ADDRESS 2049 NUGGET DRIVE	CITY-ST-ZIP CLEARWATER FL	4.3 STREET ADDRESS 5515 STAG THICKETT LN	4.4 CITY-ST-ZIP PALM HARBOR, FL 34685
TITLE D <input checked="" type="checkbox"/> DELETE	NAME TAYLOR, JACK E.	5.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME
STREET ADDRESS 1791 BRAXTON BRAGG LANE	CITY-ST-ZIP CLEARWATER FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE PD <input checked="" type="checkbox"/> DELETE	NAME COLLYER, LAURA W.	6.1 TITLE PDC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	6.2 NAME Benjamin William Campbell
STREET ADDRESS 3550 E LAKESHORE LN	CITY-ST-ZIP CLEARWATER FL	6.3 STREET ADDRESS 2841 Gloria Ct.	6.4 CITY-ST-ZIP CLEARWATER, FL 33761

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 in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 2/22/99 (727) 788-4800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0054973
CR2E037 (1/1/98)