FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

(0)

CLEARVIEW UNITED METHODIST CHURCH, INC.											
									3 (88)(h (888) anh)(88)(h) (38)8 (48) anh (38)(8)8() a		1 T.B. 41311 1841
Principal Plac	e of Business	5	Ma	Mailing Address				1	6 300316 50001 NATA 005(0) 11000 14101 FAA 01041 A	PRIA UNBAL BIOL	
4515 38TH AVE NO ST. PETERSBURG FL 33713									Date Incorporated or Qualified		
					13			"	12/30/1965		
								4.	. FEI Number		Applied For
6 D))		100	Martin and Address				1_	59-0718487		Not Applicable
2. Principal P	JIBOB OF BUSIN	IØSS	<u> </u>	2a. Mailing Address				5.	Certificate of Status Desired		5 Additional Required
Suite, Apt.	#, etc.			Sulte, Apt. #, etc.				6.	Election Campaign Financing		May Be
22			27					_	Trust Fund Contribution		d to Fees
City & Stat	te		28	City & State				7. Is this nonprofit corporation a homeowners association?			
Zip	Country			Zip C				8.	This corporation owes or has paid the cu	urrent year	Intangible
24	25			29 30					To the contract of the contrac	Yes Yes	□ No
	9. Name	and Address of Curi	ent Regis	tered Agent	8.	1	Name	10.	. Name and Address of New Registered	Agent	
KEVIN K	(NIGHT										
4536-40TH AVENUE N.					8	2	Street Addre	1) 22	P.O. Box Number is Not Acceptable)		
ST. PETERSBURG FL 33713						3					
					84	84 City			FL	85 Z	ip Code
11. Pursuant	to the provisi	ons of Sections 617.0	502 and 6	17.1508, Florida Statu	tes, the above	ve-	-named corpo	oratic			g its registered
office or r	registered ag am familiar wit	ent, or both, in the Sta th, and accept the ob	ite of Floric	la. Such change was . Section 617.0503, Fi	authorized b lorida Statute	oy i es.	the corporation	on's I	on submits this statement for the purpose of board of directors. I hereby accept the ap	pointment	as registered
SIGNATURE		,		·							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS						egistered Agent signature require			n reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12
TITLE	VD	OT TOCKO	NAD DITIES	DELETE	1.1 TITLE					☐ Chang	
NAME	KNIGHT,	KEVIN			1.2 NAME	Ξ					
STREET ADDRESS		TH AVENUE NORTI	1	1.33			1.3 STREET ADDRESS				
CITY-ST-ZIP		ERSBURG FL					1.4 CITY-ST-ZIP 2.1 TITLE			1 0	- I Addition
TOTLE	PD MODNE	AULT, RICHARD								∐ Chang	B Addition
NAME Street Address		H AVENUE N.					2.2 NAME 2.3 STREET ADDRESS				
CITY-ST-ZIP		RSBURG FL					r-ZIP				
TITLE	VD			DELETE	3.1 TITLE					Chang	e 🔲 Addition
NAME	KEPTO.	JOE			3.2 NAME						
STREET ADDRESS		ih avenue n.			3.3 STREE	ET A	ADORESS				
CITY-ST-ZIP	ST PETE	RSBURG FL			3.4. CITY-	- ST	r-ZIP				
TITLE	VO	•		☐ DELETE	4.1 TITLE					☐ Chang	e 🔲 Addition
NAME	MCKELV	ey, dick			4. 2 NAMI	E					
STREET ADDRESS		TH WAY N.			4.3 STREE	ET A	ADDRESS				
CITY-ST-ZIP	PINELLA	S PARK FL			4.4 CITY-		- ZIP			<u> </u>	
TITLE				DELETE	5.1 TITLE					☐ Chang	e 🔲 Addition
NAME					5.2 NAME		1				
STREET ADDRESS]				5.3 STREE						
CITY-ST-ZIP	ļ				5.4 CITY-		- ZIP			Chann	6 Addition
TITLE	. 5	•		☐ DELETE	6.1 TITLE					☐ Chang	e 🔲 Addition
NAME					6.2 NAME						
STREET ADDRESS					6.3 STREE	i A	NUMESS				

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.

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FILED

Mar 16 1998 8:00am

Secretary of State