


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711729 (4)
 1. Corporation Name
SUNSET POINT BAPTIST CHURCH OF CLEARWATER, FLORIDA, INC.



Principal Place of Business 1390 SUNSET POINT ROAD CLEARWATER FL 34615-8543	Mailing Address 1390 SUNSET POINT ROAD CLEARWATER FL 34615-8543
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3. Date Incorporated or Qualified 11/01/1966	3a. Date of Last Report 04/25/1995
4. FEI Number 59-1198847	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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. 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

**W. L. ROGERS
467 EXMOOR TERRACE
DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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]* **4-17-96**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	RICHARDSON, DON
STREET ADDRESS	2417 PERSIAN DRIVE #47
CITY-ST-ZIP	CLEARWATER FL
TITLE	VPT <input type="checkbox"/> DELETE
NAME	WILLIAMS, ERNEST W
STREET ADDRESS	2089 ORANGESIDE RD
CITY-ST-ZIP	PALM HARBOR, FL 00000
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CHAFFER, ANDREW
STREET ADDRESS	436 ROANOKE ST.
CITY-ST-ZIP	DUNEDIN FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	THROCKMORTON, DAVID
STREET ADDRESS	1888 SOUVENIR DR.
CITY-ST-ZIP	CLEARWATER FL
TITLE	TRD <input type="checkbox"/> DELETE
NAME	FLOYD, JACKSON C
STREET ADDRESS	1950 CARLOS AVE
CITY-ST-ZIP	CLEARWATER, FL 00000
TITLE	T <input type="checkbox"/> DELETE
NAME	HOLMES, MRS. MARGIE
STREET ADDRESS	1613 ELIZABETH LANE
CITY-ST-ZIP	CLEARWATER, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Glenn Cross
13 STREET ADDRESS	601 N Hercules Ave #1607
14 CITY-ST-ZIP	Clearwater, FL 34625
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Dale DuBois
33 STREET ADDRESS	1805 Greenlea Drive
34 CITY-ST-ZIP	Clearwater, FL 34625
41 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Margaret Wallace
43 STREET ADDRESS	300 Old Coachman Rd, S
44 CITY-ST-ZIP	Clearwater, FL 34625
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 119.07(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: *[Signature]* **4/15/96 (813) 446-2622**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)