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Apr 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711729 (4)

1. Corporation Name

SUNSET POINT BAPTIST CHURCH OF CLEARWATER, FLORI
DA, INC.

Principal Place of Business

Mailing Address

1390 SUNSET POINT ROAD
CLEARWATER FL 34615-85431390 SUNSET POINT ROAD
CLEARWATER FL 34615-1534

3. Date Incorporated or Qualified

11/01/1966

3a. Date of Last Report

04/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

W. L. ROGERS
467 EXMOOR TERRACE
DUNEDIN FL 34698

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-25-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	CROSS, GLENN	
STREET ADDRESS	601 N HERCULES AVE #1607	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, ERNEST W	
STREET ADDRESS	2089 ORANGESIDE RD	
CITY-ST-ZIP	PALM HARBOR, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUBOIS, DALE	
STREET ADDRESS	1805 GREENLEA DR	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WALLACE, MARGARET	
STREET ADDRESS	300 OLD COACHMAN RD., S	
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	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VPT
2.3 STREET ADDRESS	Mark Sparks
2.4 CITY-ST-ZIP	1069 Mohawk Circle Clearwater, FL 34615
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/97

Daytime Phone # 0066762

CR2E037 (9/96)