

417-98 B 5027 C  
FILE NOW: FILING FEE IS \$61.25

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Apr 17 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 # **711729** (4)

1. Corporation Name

**SUNSET POINT BAPTIST CHURCH OF CLEARWATER, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**1390 SUNSET POINT ROAD  
CLEARWATER FL 34615-8543**

**1390 SUNSET POINT ROAD  
CLEARWATER FL 34615-8543**

3. Date Incorporated or Qualified

**11/01/1966**

4. FEI Number

**59-1198847**

Applied For

Not Applicable

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 **33755** Country

Zip **33755** Country

24

29

**33755**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**W. L. ROGERS  
487 EXMOOR TERRACE  
DUNEDIN FL 34098**

81 Name

**Glenn Cross**

82 Street Address (P.O. Box Number is Not Acceptable)

**601 Hercules Ave. #1607**

83

84 City

**Clearwater**

FL

85 Zip Code

**33765**

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

*Glenn Cross*  
Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
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	SPARKS, MARK	
STREET ADDRESS	1089 MOHAWK CR	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Tr</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>33765</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>P</b>
2.3 STREET ADDRESS	<b>Richardson, Don</b>
2.4 CITY-ST-ZIP	<b>2417 Persian Dr. #47</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Tr</b>
3.3 STREET ADDRESS	<b>Cissell, John</b>
3.4 CITY-ST-ZIP	<b>1999 Kings Hwy.</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<b>33765</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<b>33755</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<b>33755</b>

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:

*Glenn Cross*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/98

813-446-2622

Daytime Phone # 0062499

CR2E037 (10/97)