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Jan 23, 1999 8:00am
Secretary of State

01-23-1999 90004 001 *****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711729

1. Corporation Name

SUNSET POINT BAPTIST CHURCH OF CLEARWATER, FLORIDA, INC.

Principal Place of Business

1390 SUNSET POINT ROAD
CLEARWATER FL 33755
US

Mailing Address

1390 SUNSET POINT ROAD
CLEARWATER FL 33755
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/01/1966

4. FEI Number

59-1198847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROSS, GLENN
601 HERCULES AVE
#1607
CLEARWATER FL 33765

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)

1/8/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	CROSS, GLENN	
STREET ADDRESS	601 N HERCULES AVE #1607	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RICHARDSON, DON	
STREET ADDRESS	2417 PERSIAN DR #47	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CISSELL, JOHN	
STREET ADDRESS	1999 KINGS HWY	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WALLACE, MARGARET	
STREET ADDRESS	300 OLD COACHMAN RD., S	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	TRD	<input type="checkbox"/> DELETE
NAME	FLOYD, JACKSON C	
STREET ADDRESS	1950 CARLOS AVE	
CITY-ST-ZIP	CLEARWATER, FL 00000 33755	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HOLMES, MRS. MARGIE	
STREET ADDRESS	1613 ELIZABETH LANE	
CITY-ST-ZIP	CLEARWATER, FL 00000 33755	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99
Date

446-2622
Daytime Phone #

CR25037 (11/98)