

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711729

1. Entity Name

SUNSET POINT BAPTIST CHURCH OF CLEARWATER, FLORI

Principal Place of Business

1390 SUNSET POINT ROAD
CLEARWATER FL 33755
US

Mailing Address

1390 SUNSET POINT ROAD
CLEARWATER FL 33755-1534
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1198847

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROSS, GLENN
601 HERCULES AVE
#1607
CLEARWATER FL 33765

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

Date

727-446-2622

Daytime Phone #

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90073 003 ****61.25

00037798



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)