

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90109 020 \*\*\*\*61.25

**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  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1198847

Applied For

Not Applicable

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

*Glenn Cross*

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

(NOTE: Registered Agent signature required when reinstating)

3/6/01

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 checked="" type="checkbox"/> Delete
NAME	CROSS, GLENN	
STREET ADDRESS	601 N HERCULES AVE #1607	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, DON	
STREET ADDRESS	2417 PERSIAN DR #47	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CISSELL, JOHN	
STREET ADDRESS	1999 KINGS HWY	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	S	<input checked="" 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dean Rucker	
STREET ADDRESS	1915 Marlin Dr.	
CITY-ST-ZIP	Largo, FL 33770	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lewis Nowell	
STREET ADDRESS	1010 Palm Terrace Dr.	
CITY-ST-ZIP	Clearwater, FL 33755	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gordon Beardslee	
STREET ADDRESS	1678 Arbor Dr.	
CITY-ST-ZIP	Clearwater, FL 33756	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynda Crawford	
STREET ADDRESS	3053 Cascade Dr.	
CITY-ST-ZIP	Clearwater, FL 33761	
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		
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:

*Lynda Crawford*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01

DATE

727-446-2622

Daytime Phone #

CR2E037 (10/00)