


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 711729 1. Entity Name SUNSET POINT BAPTIST CHURCH OF CLEARWATER, FLORIDA, INC.	
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Principal Place of Business 1390 SUNSET POINT ROAD CLEARWATER, FL 33755 US	Mailing Address 1390 SUNSET POINT ROAD CLEARWATER, FL 33755 US
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03302005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1198847	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CROSS, GLENN 601 HERCULES AVE #1607 CLEARWATER, FL 33765
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**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JEFFERIES, STEVE 3012 CLUBHOUSE DR W CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, BILL 487 EXMOOR TERR. DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEARDSLEE, GORDON 1678 ARBOR DRIVE CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WARREN, BEN 2474 TIMBERCREST CIR. W CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROSS, GLENN 601 HERCULES AVE APT 1607 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEARSON, JEFF 1561 S HAVEN DR. CLEARWATER, FL 33764

U00000288791
04/05/05-80024-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Glenn Cross **GLENN CROSS** 3/31/2005 727 443-5966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #