


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90147 038 ****61.25

0054087

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

DOCUMENT # 714285

1. Corporation Name

SECOND CHURCH OF CHRIST, SCIENTIST, CLEARWATER, FLORIDA

Principal Place of Business

1440 LAURA STREET
CLEARWATER FL 33755-5221
US

Mailing Address

1440 LAURA STREET
CLEARWATER FL 33755-5221
US



2. Principal Place of Business

21 *100 N San Remo Ave*

Suite, Apt. #, etc.

22

City & State

23 *Clearwater FL*

Zip

24 *33755*

Country

25 *USA*

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

11/12/1953

4. FEI Number

59-1292723

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

PATTERSON, ALTHEA
2360 IRISH LN 24
CLEARWATER FL 33763

10. Name and Address of New Registered Agent

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME *P*
GUNDRUM, JUNE
STREET ADDRESS *2020 WORLD PARKWAY BLVD*
CITY-ST-ZIP *CLEARWATER FL 33763*

TITLE ☐ DELETE

NAME *VP*
GOMBERT, PATRICIA
STREET ADDRESS *1911 SEAGULL DR*
CITY-ST-ZIP *CLEARWATER FL*

TITLE ☐ DELETE

NAME *TD*
MANNING, HOLLY
STREET ADDRESS *2525 CAIRD WAY*
CITY-ST-ZIP *PALM HARBOR FL 34683*

TITLE ☐ DELETE

NAME *D*
MARTIN, VERA
STREET ADDRESS *2081 DAWN DR*
CITY-ST-ZIP *CLEARWATER FL*

TITLE ☒ DELETE

NAME *D*
THEISEN, VALERIE
STREET ADDRESS *115 AVON DR*
CITY-ST-ZIP *SAFETY HARBOR FL 34695*

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

33764

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

34683

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

33763

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

D
ELOISE Rodgers
2034 Gayle Place
Clearwater, FL 33763-4217

6.1 TITLE ☐ Change ☐ 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

Althea Patterson *1/12/99* *717-796-0894*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)