

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90207 001 \*\*\*\*61.25

**DOCUMENT # 717764**

1. Entity Name

**CLEARWATER COMMUNITY CHURCH, INC.**

Principal Place of Business,

Mailing Address

2897 BELCHER RD  
 PALM HARBOR FL 34683  
 US

2897 BELCHER RD  
 PALM HARBOR F 34683  
 US

**00050500**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1311051**

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

**FOSTER, RICHARD**  
**713 COUNTRYSHIRE LANE**  
**PALM HARBOR FL 34683**

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 **DC** ☐ Delete  
 NAME **BENTZEL, THOMAS**  
 STREET ADDRESS **1011 DUNCAN AVE S**  
 CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE **D** ☐ Delete  
 NAME **HARRELL, MIKE**  
 STREET ADDRESS **4749 STONEVIEW CIR.**  
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **D** ☒ Delete  
 NAME **HUGHES, JACK**  
 STREET ADDRESS **730 CASLER AVE.**  
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **D** ☐ Delete  
 NAME **FOSTER, R. Richard**  
 STREET ADDRESS **713 COUNTRYSHIRE LN**  
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE **DV** ☒ Delete  
 NAME **LANDS, JOHN**  
 STREET ADDRESS **2142 ANDREWS CT**  
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **D** ☐ Delete  
 NAME **AUSTIN, JAY**  
 STREET ADDRESS **1600 FORTUNE DR**  
 CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **T** ☐ Change ☒ Addition  
 NAME **JERREL KEE**  
 STREET ADDRESS **4542 Juniper Dr. Palm Harbor**  
 CITY-ST-ZIP **FL 34685**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Bob Gruber**  
 STREET ADDRESS **824 Village Way Palm Harbor**  
 CITY-ST-ZIP **FL 34688**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Larry Watts**  
 STREET ADDRESS **1755 Stable Trail**  
 CITY-ST-ZIP **Palm Harbor, FL 34685**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Pat Mennenga**  
 STREET ADDRESS **2532 Stony Brook Lane**  
 CITY-ST-ZIP **Clearwater 33761**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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**

**Richard Foster, Director 727-799-4444**

Date

Daytime Phone #

CR2E037 (10/00)