# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 03, 2004 8:00 am**
**Secretary of State**
03-03-2004 90020 025 ****61.25

DOCUMENT # 718943

1. Entity Name
CHURCH OF THE RECONCILER, PRESBYTERIAN CHURCH (U.S.A.), OF CLEARWATER, FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 915 DREW ST.<br>CLEARWATER, FL 34615 | 915 DREW ST.<br>CLEARWATER, FL 34615 |

02012004 Chg-NP CR2E037 (10/03)

| 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 59-1278458 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

RHODES, RHONDA
4603 E. NAVAJO AVENUE
TAMPA, FL 33617

**7. Name and Address of New Registered Agent**

Name: Dorothy Bailey
Street Address (P.O. Box Number is Not Acceptable): 1459 Springdale Street
City: Clearwater FL Zip Code: 33755

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: Dorothy Bailey DATE: 2/2/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>POMPEY, VICTORIA<br>1795 HARBOR DRIVE<br>CLEARWATER, FL 33755 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | HARRIETT HEAD-DIRECTOR<br>1401 Roosevelt Avenue<br>Clearwater, Florida 33755 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>RHODES, RHONDA<br>4603 E NAVAJO<br>TAMPA, FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Willie Bryant-Director<br>11172 120th Terrace N.<br>Largo, Florida 33788 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RHODES, YVETTE<br>8801 RUSTIC TRAIL CT<br>TAMPA, FL 33635 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Virginia Howie-Director<br>1554 Santa Barbara Drive<br>Dunedin, Florida 34698 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HARVEY, MINNIE S<br>1736 N GREENWOOD AVE<br>CLEARWATER, FL 33755 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BALLARD, FAYE<br>1503 DINNER BELL LANE E<br>DUNEDIN, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SEVERANCE, JANICE<br>2960 DUNDEE DR<br>PALM HARBOR, FL 34684 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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] 2/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #