


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90284 008 ****61.25

DOCUMENT # 718943 1. Entity Name CHURCH OF THE RECONCILER, PRESBYTERIAN CHURCH (U.S.A.), OF CLEARWATER, FLORIDA, INC.					
Principal Place of Business 915 DREW ST. CLEARWATER, FL 34615			Mailing Address 915 DREW ST. CLEARWATER, FL 34615		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1278458	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BAILEY, DOROTHY 1459 SPRINGDALE STREET CLEARWATER, FL 33755				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 POMPEY, VICTORIA 1795 HARBOR DRIVE CLEARWATER, FL 33755	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lovetta Williams T 1201 Strong Brook LN Dunedin, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEAD, HARRIETT 1401 ROOSEVELT AVENUE CLEARWATER, FL 33755	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brenda Williams T 1926 Riveredge Drive Tarpon Springs, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODES, YVETTE 8801 RUSTIC TRAIL CT TAMPA, FL 33635	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Harriet Singletary T 1409 Monroe Avenue Clearwater, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, WILLIE 11172 120TH TERRACE N. LARGO, FL 33788	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLARD, FAYE 1503 DINNER BELL LANE E DUNEDIN, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEVERANCE, JANICE 2960 DUNDEE DR PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 <u>Dorothy Bailey</u> <u>4/23/05</u> <u>(727) 251-1035</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					