

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90351 038 \*\*\*\*61.25

<b>DOCUMENT # 718943</b> 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1278458	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAILEY, DOROTHY 1459 SPRINGDALE STREET CLEARWATER, FL 33755			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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: <i>Dorothy Bailey Dorothy Bailey</i> <span style="float: right;">4/26/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	Officer D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	POMPEY, VICTORIA		NAME	Ammons, Dixie	
STREET ADDRESS	1795 HARBOR DRIVE		STREET ADDRESS	2052 Los Lomas Dr.	
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP	Clearwater, FL 33763	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Officer P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HEAD, HARRIETT		NAME	Hatter, Phyllis	
STREET ADDRESS	1401 ROOSEVELT AVENUE		STREET ADDRESS	3098 Oak Creek Dr. N	
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP	Clearwater, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Officer D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RHODES, YVETTE		NAME	Hunter, Eddie	
STREET ADDRESS	8801 RUSTIC TRAIL CT		STREET ADDRESS	1506 Sandy Lane	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP	Clearwater, FL 33755	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Bell, Deloris <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILLIAMS, LOVETTA		NAME	1356 Terrace Rd	
STREET ADDRESS	1201 STONY BROOK LN		STREET ADDRESS	Clearwater, FL 33755	
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALLARD, FAYE		NAME		
STREET ADDRESS	1503 DINNER BELL LANE E		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, BRENDA		NAME		
STREET ADDRESS	1926 RIVEREDGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Dorothy Bailey Dorothy Bailey</i> <span style="float: right;">4/26/06 (727) 251-1035</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					