

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90439 002 ****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 - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1278458 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 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 Raimond Harrison Street Address (P.O. Box Number is Not Acceptable) 4747 W. Waters Ave #1308 City Tampa FL Zip Code 33614 | | |
| 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 4/24/07 <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when nonresiding) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 | OD AMMONS, DIXIE 2052 LOS LAMAS DR CLEARWATER, FL 33763 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | OP HATTER, PHYLLIS 3098 OAK CREEK DR N CLEARWATER, FL | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | OD HUNTER, EDDIE 1506 SANDY LN CLEARWATER, FL 33755 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T WILLIAMS, LOVETTA 1201 STONY BROOK LN DUNEDIN, FL 34698 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T BELL, DELORIS 1356 TERR RD CLEARWATER, FL 33755 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T WILLIAMS, BRENDA 1926 RIVEREDGE DRIVE TARPON SPRINGS, FL 34689 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Demoris Rhodes 2624 Winging Way Drive Tampa, FL 33615 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Lina F. Ballard 1503 Dinnerbell Lane E. Dunedin, FL 33755 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| 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: 4/24/07 727-446-0946 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small> | | | | | |