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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724157 (3)
1. Corporation Name
FIRST UNITED METHODIST CHURCH OF CLEARWATER, INC

Principal Place of Business Mailing Address
411 TURNER STREET CLEARWATER FL 34616
411 TURNER STREET CLEARWATER FL 34616

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/21/1972 3a. Date of Last Report 04/21/1994

4. FEI Number 59-0747305 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
COLE, STEPHEN O.
400 CLEVELAND ST.
CLEARWATER FL 34615

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CO	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLE, STEPHEN O.	1.2 NAME	George Gross
STREET ADDRESS	400 CLEVELAND ST.	1.3 STREET ADDRESS	874 Lake Forest Road
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, FL 34625
TITLE	SD	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRESHAM, BENNETT	2.2 NAME	W. Clifford Haggard
STREET ADDRESS	2195 COLLEGE DRIVE	2.3 STREET ADDRESS	2300 Black Oak Lane
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater, FL 34623
TITLE	S Delete 3/95	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARNE, BARBARA	3.2 NAME	Al Lewison
STREET ADDRESS	9 FORBES PL #208	3.3 STREET ADDRESS	1864 Stetson Drive
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater, FL 34625
TITLE	D Delete 3/95	4.1 TITLE	D V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, ELDON	4.2 NAME	Ben Loper
STREET ADDRESS	2293 SWEDISH DR AWPT 7	4.3 STREET ADDRESS	3212 Masters Drive
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	Clearwater, FL 34621
TITLE		5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Thomas Peasley
STREET ADDRESS		5.3 STREET ADDRESS	2274 Granger Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Clearwater, FL 34625
TITLE		6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D
STREET ADDRESS		6.3 STREET ADDRESS	Gyneth Stanley
CITY-ST-ZIP		6.4 CITY-ST-ZIP	421 Druid Road

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for a non-reporting corporation in 346216, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE: *Stephen O. Cole* 4/7/95 (813)441-8966
SIGNATURE MUST BE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Chairman
St of Trustees