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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 34616-5328

3. Date Incorporated or Qualified 08/21/1972
3a. Date of Last Report 04/05/1986
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	COLE, STEPHEN O.	
STREET ADDRESS	400 CLEVELAND ST.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CRESHAM, BENNETT	
STREET ADDRESS	2195 COLLEGE DRIVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	XXXX DELETE
NAME	GROSS, GEORGE	
STREET ADDRESS	874 LAKE FOREST ROAD	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAGGARD, W. CLIFFORD	
STREET ADDRESS	2300 BLACK OAK LANE	
CITY-ST-ZIP	CLEARWATER FL 34623	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LOPER, BEN	
STREET ADDRESS	3212 MASTERS DRIVE	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWISON, AL	
STREET ADDRESS	1884 STETSON DRIVE	
CITY-ST-ZIP	CLEARWATER FL 34625	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dawn Nigolian	
1.3 STREET ADDRESS	100 Bluffview Dr. #515-C	
1.4 CITY-ST-ZIP	Belleair Bluffs, FL 33770-1356	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gresham, Bennett	
2.3 STREET ADDRESS	2195 College Drive	
2.4 CITY-ST-ZIP	Clearwater, FL 34624	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 or 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 if changed, or on an attachment with an address.

SIGNATURE: *Stephen O. Cole, Chairman* 1/13/97 (813) 441-8966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 008843

CR2E037 (9/96)