


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 23 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 724157 (3)**  
 1. Corporation Name  
**FIRST UNITED METHODIST CHURCH OF CLEARWATER, INC**



Principal Place of Business <b>411 TURNER STREET CLEARWATER FL 34616</b>	Mailing Address <b>411 TURNER STREET CLEARWATER FL 34616</b>
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3. Date Incorporated or Qualified <b>09/21/1972</b>	
4. FEI Number <b>59-0747305</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business 21. Suite, Apt. #, etc.	2a. Mailing Address 2a. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip 24. <b>33756</b>	28. Zip 29. <b>33756</b>
25. Country	30. Country

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 <b>Stephen O. Cole</b>	
82. Street Address (P.O. Box Number is Not Acceptable) <b>625 Court Street, Suite 200</b>	
83. City <b>Clearwater</b>	
84. State <b>FL</b>	85. Zip Code <b>33756</b>

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 Stephen O. Cole **Stephen O. Cole** DATE **2/17/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>DS</b>	NAME <b>NGOLAN, DAWN</b>	STREET ADDRESS <b>100 BLUFFVIEW DRIVE #515</b>	CITY-ST-ZIP <b>BELLEAIR BLUFFS FL</b>	<input type="checkbox"/> DELETE
TITLE <b>D</b>	NAME <b>GRESHAM, BENNETT</b>	STREET ADDRESS <b>2195 COLLEGE DRIVE</b>	CITY-ST-ZIP <b>CLEARWATER FL</b>	<input type="checkbox"/> DELETE
TITLE <b>D</b>	NAME <b>GROSS, GEORGE</b>	STREET ADDRESS <b>874 LAKE FOREST ROAD</b>	CITY-ST-ZIP <b>CLEARWATER FL 34625</b>	<del>XXXXXXXX</del> DELETE DELETE
TITLE <b>D</b>	NAME <b>HAGGARD, W. CLIFFORD</b>	STREET ADDRESS <b>2300 BLACK OAK LANE</b>	CITY-ST-ZIP <b>CLEARWATER FL 34623</b>	<input type="checkbox"/> DELETE
TITLE <b>DV</b>	NAME <b>LOPER, BEN</b>	STREET ADDRESS <b>3212 MASTERS DRIVE</b>	CITY-ST-ZIP <b>CLEARWATER FL</b>	<input type="checkbox"/> DELETE
TITLE <b>D</b>	NAME <b>LEWISON, AL</b>	STREET ADDRESS <b>1864 STETSON DRIVE</b>	CITY-ST-ZIP <b>CLEARWATER FL 34625</b>	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>DC</b>	1.2 NAME <b>Stephen O. Cole</b>	1.3 STREET ADDRESS <b>625 Court Street, Suite 200</b>	1.4 CITY-ST-ZIP <b>Clearwater, FL 33756</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE <b>DS</b>	2.2 NAME <b>Nigolian, Dawn</b>	2.3 STREET ADDRESS <b>100 Bluffview Drive #515-C</b>	2.4 CITY-ST-ZIP <b>Belleair Bluffs, FL 33770</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE <b>D</b>	3.2 NAME <b>Gresham, Bennett</b>	3.3 STREET ADDRESS <b>2195 College Drive</b>	3.4 CITY-ST-ZIP <b>Clearwater, FL 33764</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE <b>D</b>	4.2 NAME <b>Haggard, W. Clifford</b>	4.3 STREET ADDRESS <b>2300 Black Oak Lane</b>	4.4 CITY-ST-ZIP <b>Clearwater, FL 33763</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE <b>DV</b>	5.2 NAME <b>Loper, Ben H.</b>	5.3 STREET ADDRESS <b>3212 Masters Drive</b>	5.4 CITY-ST-ZIP <b>Clearwater, FL 33761</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE <b>D</b>	6.2 NAME <b>Lewison, Al</b>	6.3 STREET ADDRESS <b>1864 Stetson Drive</b>	6.4 CITY-ST-ZIP <b>Clearwater, FL 33765</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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 **Stephen O. Cole** DATE **2/17/98** (813) 441-8966

CR2E037 (10/97)