1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 14, 1999 8:00 am Secretary of State

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DOCUMENT # 729322

1. Corporation Name

FAITH BIBLE CHURCH OF CLEARWATER, INC.

Principal Place of Business 2177 N. F. COACHMAN RD

City & State

23

24

Zip

Mailing Address

2177 N E COACHMAN RD

City & State

CLEARWATER FL 33765 US	CLEARWATER FL 33765 US		
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed	
<u> </u>	26	04/11/1974	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For

	28	
Country	Zip	Country
	00	20

9. Name and Address of Current Registered Agent

59-1520088 5. Certifcate of Status Desired

Not Applicable \$8.75 Additional Fee Required

\$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent

MCMASTER PAUL D 1750 CARDINAL DR **CLEARWATER FL 33759**

81	Name			
82	Street Address (P.O. Box Number is Not Acceptable)	<u></u>		
83				
84	City	FI	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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Re	gistered Agent signature n	equired when reinstating)	ATE	1
12.	OFFICERS AND DIRECTORS	<u>·</u>	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12
TITLE	VD	₩ DELETE	1.1 TITLE		☐ Change	Addition
NAME	FRAZIER, ROBERT		1.2 NAME			
STREET ADDRESS	486 HELEN DRIVE		1.3 STREET ADDRESS			(
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY-ST-ZIP			
TITLE .	PD	☐ DELETE	2.1 TITLE			Addition
NAME	GRANT, SCOTT A		2.2 NAME			
STREET ADDRESS	li	İ	2.3 STREET ADDRESS	1796 Vineyard Way		
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CITY-ST-ZIP	1796 Vineyard Way Tallahassee, FL 323	11	
TITLE	SD	☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME	MCMASTER, PAUL D		3.2 NAME			
STREET ADDRESS	.		3.3 STREET ADORESS			
CITY-ST-ZIP	CLEARWATER FL	_	3.4. CITY-ST-ZIP			
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME	RENT, NANCY		4. 2 NAME			
STREET ADDRESS	'		4.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL	_	4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			.
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS	The State of the S		6.3 STREET ADDRESS			
armician ain 1 1	1. 1. 1 th 1/2		6.4 CITY-ST-ZIP			1

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, with all other like empowered.

SIGNATURE: