

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

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 730147 (6)**  
 1. Corporation Name  
**FIRST BAPTIST CHURCH OF CLEARWATER, INC.**



Principal Place of Business <b>331 CLEVELAND STREET CLEARWATER FL 34615</b>	Mailing Address <b>331 CLEVELAND STREET CLEARWATER FL 34615</b>
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3. Date Incorporated or Qualified <b>07/03/1974</b>	3a. Date of Last Report <b>04/05/1995</b>
4. FEI Number <b>59-0662266</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	25. Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip	29. Country
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**9. Name and Address of Current Registered Agent**

**BONNER & HOGAN, P.A.  
613 SOUTH MYRTLE AVENUE  
CLEARWATER FL 33517**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DILLEN, TOM	
STREET ADDRESS	P.O. BOX 1531 N/A	
CITY-ST-ZIP	LARGO FL 34649	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, CLIFF	
STREET ADDRESS	644 POINSETTIA RD	
CITY-ST-ZIP	BELLEAIR FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SINGELEN, SUE	
STREET ADDRESS	1785 LONGBOW LANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HARTMAN, REID	
STREET ADDRESS	1800 LEVERN ST	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Manly, Don	
1.3 STREET ADDRESS	2300 Alligator Creek Rd.	
1.4 CITY-ST-ZIP	Clearwater, FL 34625	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cotton, Joe	
2.3 STREET ADDRESS	3000 Hagett Ln.	
2.4 CITY-ST-ZIP	Safety Harbor, FL 34695	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hiatt, Tim	
3.3 STREET ADDRESS	3515 A Sherwood Drive	
3.4 CITY-ST-ZIP	Largo, FL 34641	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a T address.

**SIGNATURE:** *Reid Hartman* **2/15/96**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)