FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

1. Corporation Name

(6)

| FIRST RAPTIS | T CHURCH | OF | CLEARWATER. | INC. |
|--------------|----------|----|-------------|------|

| Principal Place of Business Mailing Address 331 CLEVELAND STREET 331 CLEVELAND STREET | | | | | | | | |
|---|--|--|--|--|--|--|--------------------------------|--|
| CLEARWATER FL 34615 CLEARWATER FL 34615-4002 | | 2 | | | | | | |
| | | | | | 3. Date Incorporated or Qualified 07/03/1974 | 3a. Date of Last R 02/21/19 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address 26 | | | 4. FEI Number 59-0662266 | | plied For at Applicable | |
| Suite, Apt. | #, etc | Suite, Apt. #, etc. | | | Certificate of Status Desired | □ \$8.75 / Fee Re | | |
| City & State City & State 28 | | 28 | | | Election Campaign Financing Trust Fund Contribution | \$5.00 Added | | |
| Zip | Country | ⊢₁ Žip | Country | <i>'</i> | 8. This corporation has liability for i | | . 199.032, | |
| 24 | 25 9. Name and Address of Curre | | 30 | | Florida Statutes 10. Name and Address of New Re | Yes X No | | |
| | 9. Name and Address of Curts | it Dedistolen Watti | 81 | Name | IV. HAIRS ON AUGUSTS OF HOW NO | Aletera viant | | |
| DONNE | R & HOGAN, P.A. | | | | | | | |
| | | | 82 | Street Ad | ddress (P.O. Box Number Is Not Acceptab | ole) | | |
| 613 SOUTH MYRTLE AVENUE CLEARWATER FL 33517 | | 83 | | | | | | |
| | | | 84 | City | | FL 85 Zip | Code | |
| 11 Purquant | to the provisions of Sections 617.05 | 12 and 617 1508. Florida Statutes | s the abov | e-named o | corporation submits this statement for the p | urnose of changing if | ts registered | |
| office or r | egistered agent, or both, in the State | of Florida. Such change was au | ithorized b | v the corpo | pration's board of directors. I hereby accep | ot the appointment as | registered | |
| | m familiar with, and accept the oblig | parions of, section 617.0503, Flor | iva statute | ð. | | | | |
| SIGNATURE. | Signature, typed or printed name of registered ag | ent and title if applicable (NOTE: | Registered Ag | ent signature re | equired when reinstating) | DATE | | |
| 12. | | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTOR | R\$ IN 12 | |
| TITLE | PD | DELETE | 1.1 TITLE | | | Change | Addition | |
| NAME | MANLY, DON | , | 1.2 NAME | | | | | |
| STREET ADDRESS | 2300 ALLIGATOR CREEK RO | DAD | 1.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | CLEARWATER FL | | 1.4 CiTY-1 | ST-ZIP | | | | |
| TITLE | VD | DELETE | 2.1 TITLE | ļ | | Change | Addition | |
| NAME | COTTON, JOE | | 2.2 NAME | | | | | |
| STREET ADDRESS | 3000 HAGETT LANE | | | T ADDRESS | | | | |
| CITY-ST-ZIP | SAFETY HARBOR FL | D 05/575 | 2. 4 CITY- | ST-ZIP | | Oberes | Addition | |
| TITLE | SD THATTE THA | DELETE | 3.1 TITLE | - | | L. Change | Addition | |
| NAME | HIATT, TIM | | 3.2 NAME | | | | | |
| STREET ADDRESS | 3515-A SHERWOOD DRIVE | | | T ADDRESS | | | • | |
| CiTY+ST-ZiP TiTLE | LARGO FL | DELETE | 3.4 CITY- | 31-ZIP | | Change | Addition | |
| NAME | i Hartman, reid | had block | 4.2 NAME | | | tions or neigh | | |
| STREET ADDRESS | 1600 LEVERN ST | | | T ADDRESS | | | | |
| CITY - ST - ZIP | CLEARWATER, FL 00000 | | 4.4 CITY-1 | - 1 | | | | |
| TITLE | | DELETE | 5.1 TITLE | | | Change | Addition | |
| NAME | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 5.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY- | ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | ☐ Change | Addition | |
| NAME | | | 6.2 NAME | ŀ | | | | |
| STREET ADDRESS | | | 6.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CITY- | ST-ZIP | | | | |
| 14. I do herel informatio I am an o appears i | by certify that the information supplied indicated on this annual report or fficer or director of the corporation on Block 12 or Block 13 if changes | ed with this filing does not qualify supplemental annual report is tru or the receiver or trustee empowe or on an attachment with an addr | for the exi ue and acc ired to exe- ress. | emption sta urate and t cute this re | ated in Section 119.07(3)(i), Florida Statute that my signature shall have the same legs oport as required by Chapter 617, Florida S | is. I further certify that al effect as if made un Statutes; and that my i | the ider oath; that name | |

SIGNATURE:

4/30/97

(813) 441-1581 Daytime Phone # 0066717

FILED

May 13 1997 8:00am

Secretary of State