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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730147

1. Corporation Name
FIRST BAPTIST CHURCH OF CLEARWATER, INC.

Principal Place of Business 331 CLEVELAND STREET CLEARWATER FL 34615	Mailing Address 331 CLEVELAND STREET CLEARWATER FL 34615
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/03/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0662266
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PONDER, LARRY
331 CLEVELAND ST
CLEARWATER FL 33755

10. Name and Address of New Registered Agent

81 Name
Same

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MANLY, DON	
STREET ADDRESS	2300 ALLIGATOR CREEK ROAD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	COTTON, JOE	
STREET ADDRESS	3000 HAGETT LANE	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, FLOYD	
STREET ADDRESS	414 MARIVA AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HARTMAN, REID	
STREET ADDRESS	1600 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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WILLIAMS, CLIFF	
1.3 STREET ADDRESS	644 Poinsettia Rd	
1.4 CITY-ST-ZIP	Belleair, FL 33756	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MILLER, FLOYD	
2.3 STREET ADDRESS	414 MARIVA AVE	
2.4 CITY-ST-ZIP	CLEARWATER, FL 33755	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KAY, JIM	
3.3 STREET ADDRESS	1935 Ashton Abbey Rd	
3.4 CITY-ST-ZIP	CLEARWATER, FL 33755	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Reid Hartman	
4.3 STREET ADDRESS	1600 Levern St	
4.4 CITY-ST-ZIP	Clearwater, FL 33755	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Cotton, Joe	
5.3 STREET ADDRESS	3000 Hagett Lane	
5.4 CITY-ST-ZIP	Safety Harbor, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JOYNER, JACK	
6.3 STREET ADDRESS	2506 Splitwood Way	
6.4 CITY-ST-ZIP	Clearwater, FL 33763	

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: *X* **REID HARTMAN** **2-17-99** (727) 441-1581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-111981