

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730147

1. Entity Name

FIRST BAPTIST CHURCH OF CLEARWATER, INC.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90114 001 \*\*\*210.00

Principal Place of Business	Mailing Address
331 CLEVELAND STREET CLEARWATER FL 34615	331 CLEVELAND STREET CLEARWATER FL 33755-4002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-0662266	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PONDER, LARRY**  
**331 CLEVELAND ST**  
**CLEARWATER FL 33755**

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, CLIFF	
STREET ADDRESS	644 POINSETTIA RD	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COTTON, JOE	
STREET ADDRESS	3000 HAGETT LANE	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MILLER, FLOYD	
STREET ADDRESS	414 MARIVA AVE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HARTMAN, REID	
STREET ADDRESS	1600 LEVERN ST	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAY, JIM	
STREET ADDRESS	1735 ASHTON ABBEY RD	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOYNER, JACK	
STREET ADDRESS	2506 SPLITWOOD WAY	
CITY-ST-ZIP	CLEARWATER FL 33763	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Siegelin, Don	
STREET ADDRESS	1785 Long Bow Lane	
CITY-ST-ZIP	Clearwater, FL 33764	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ray, Jim	
STREET ADDRESS	1735 Ashton Abbey Road	
CITY-ST-ZIP	Clearwater, FL 33755	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *2/25/00* *727-441-1581*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)