

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90313 015 ****70.00

DOCUMENT # 730147

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0662266

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, CLIFF	
STREET ADDRESS	644 POINSETTIA RD	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SIEGELIN, DON	
STREET ADDRESS	1785 LONG BOW LANE	
CITY-ST-ZIP	CLEARWATER FL 33964	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, FLOYD	
STREET ADDRESS	414 MARIVA AVE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input checked="" 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	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ray, Jim	
STREET ADDRESS	1735 Ashton Abbey Rd	
CITY-ST-ZIP	Clearwater, FL 33755	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOX, STUART	
STREET ADDRESS	1942 Belcher Rd	
CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sitter, David	
STREET ADDRESS	2101 Sunset Pt Rd - Apt 1702	
CITY-ST-ZIP	Clearwater, FL 33765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Flammer, Jim	
STREET ADDRESS	257 Tomoka Dr.	
CITY-ST-ZIP	Polk Harbor, FL 34683	

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]* **SIGNATURE REQUIRED**

2/26/01

727-441-1581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)