## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT # 769828

1. Corporation Name

### WEST COAST COMMUNITY CHURCH OF CLEARWATER INC.

Principal Place of Business								
1354 CADHAY COURT SAFETY HARBOR FL 34695								
HS								

Mailing Address

P O BOX 8203 **CLEARWATER FL 33758** 

# FILED Apr 22, 1999 8:00 am § Secretary of State

04-22-1999 90051 033 \*\*\*\*61.25



					1				
Principal Place of Business     2a. Mailing Address					3. Date incorporated or Qualifed				
21		26			08/15/1983			ļ	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		App	olied For	
22		27			59-2309857		Not	Applicable	
City & Stat	e	- City & State	•	""	5. Certifcate of Status Desired		~\$8.75 ∧		
23 28					5. Certificate of Status Desired		Fee Re	quired	
Zip	Country	Zip	Country	1	6. Election Campaign Financing		\$5.00		
25 29 30			0		Trust Fund Contribution		Added to	Fees	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered A	Agent		
	•		81	Name					
WRIGHT, TODD				82 Street Address (P.O. Box Number is Not Acceptable)					
2174 CENTERVIEW COURT NORTH									
CLEARWATER FL 34619									
			84	City			85 Zip C	ode	
			'	- ,		<u>FL</u>			
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 Local Management Applications 4-17-99  DATE									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Age	nt signature req	nana manananana)				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO O	FFICERS AN			
TITLE	TD DELETE		1,1 TITLE				☐ Change	☐ Addition	
NAME	JACKSON, LARRY		1.2 NAME						
STREET ADDRESS	2657 RIDGE LANE		1,3 STREE	T ADDRESS				-	
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-5	ST-ZIP					
TITLE	Τ	☐ DELETE	2.1 TITLE				Change	☐ Addition	
NAME	WRIGHT, TODD		2.2 NAME					1	
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP				ST-ZIP					
TITLE	T	☐ DELETE	3.1 TITLE	_			☐ Change	☐ Addition {	
NAME	MUELLER, JIM	•	3.2 NAME						
STREET ADDRESS	13768 61 WAY N.		3.3 STREE	TADDRESS				j	
CITY-ST-ZIP	CLEARWATER FL		3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE			•	Change	Addition	
NAME			4, 2 NAME						
STREET ADDRESS			4.3 STREE	TADDRESS					
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADDRESS				İ	
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP			***		
TITLE .		☐ DELETE	6.1 TITLE				Change	☐ Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	TADDRESS	•			ļ	
			SACITY-S	T. 710				1	

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: