


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000009693 1. Entity Name HERCULES AVENUE CHURCH OF CHRIST AT CLEARWATER, INC.	
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Principal Place of Business 601 S HERCULES AVE CLEARWATER, FL 33764	Mailing Address 601 S HERCULES AVE CLEARWATER, FL 33764
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07282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3719100	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TODD, EDWARD 10360 BLOSSOM LAKE DR SEMINOLE, FL 33772
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DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HARBIG, NEIL S 2250 JAFFA PLACE CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TODD, EDWARD T 10360 BLOSSOM LAKE DR SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITESIDE, DONALD G 7070 DELTA WAY CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000375395 08/02/05-80004-013 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Edward T. Todd **EDWARD T. TODD** 28 JULY 2005 (727) 392-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #