


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

000000000000 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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02212006 00000000 000000 000000	
4. FEI Number 11-3719100	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 00000000 00000 000000

6. Name and Address of Current Registered Agent

TODD, EDWARD
10360 BLOSSOM LAKE DR
SEMINOLE, FL 33772

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

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 000000 000000000000	03/08/06-80066-015 70.00
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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	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Date: 2/21/06 727-392-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR