

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000009693

1. Entity Name
**HERCULES AVENUE CHURCH OF CHRIST AT
CLEARWATER, INC.**



Principal Place of Business

**601 S HERCULES AVE
CLEARWATER, FL 33764**

Mailing Address

**601 S HERCULES AVE
CLEARWATER, FL 33764**



04162008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

11-3719100

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TODD, EDWARD
10360 BLOSSOM LAKE DR
SEMINOLE, FL 33772**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

U000000920887
05/14/08-80060-025 70.00

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

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/08 (727) 392-0700

Date

Day/Even Phone #