


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N18656 (1)			
1. Corporation Name CHRISTIAN FELLOWSHIP AT CLEARWATER, INC.			
Principal Place of Business 1050 KAPP DRIVE CLEARWATER FL 34625 US		Mailing Address 1867 BRENTWOOD CLEARWATER FL 34624-4803	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 25 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		30 Country	
3. Date Incorporated or Qualified 01/08/1987		3a. Date of Last Report 01/25/1996	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent MAGUIRE, PATRICK T. 308 N. BELCHER RD. CLEARWATER FL 34625		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	D <input checked="" type="checkbox"/> DELETE	TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEUCHAN, DONALD F., JR.	1.2 NAME	Stephen L. Wood
STREET ADDRESS	712 KARLYN DRIVE	1.3 STREET ADDRESS	1929 Ridgewood St.
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, FL 34615
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUGHRIDGE, THOMAS E.	2.2 NAME	James P. O'Dell
STREET ADDRESS	1868 BEVERLY CIRCLE	2.3 STREET ADDRESS	912 Pinellas St.
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater, FL 34616
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, J. BRAD	3.2 NAME	Frank J. Hunt
STREET ADDRESS	414 MERIVA AVENUE	3.3 STREET ADDRESS	1822-3 Bough Ave.
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater, FL 34620
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DELL, PAUL H.	4.2 NAME	
STREET ADDRESS	1867 BRENTWOOD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEARSON, JOHN	5.2 NAME	William A. Legg
STREET ADDRESS	1008 NORMANDY RD.	5.3 STREET ADDRESS	14352 Shangrila Lane
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	Odessa, FL 33556
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I do 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.			
SIGNATURE: <i>Paul H. O'Dell</i>		(813) 446-7877	

CR2E037 (9/96)