

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90235 022 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18656

1. Corporation Name

CHRISTIAN FELLOWSHIP AT CLEARWATER, INC.

Principal Place of Business

 1867 BRENTWOOD DR
 CLEARWATER FL 33764
 US

Mailing Address

 1867 BRENTWOOD
 CLEARWATER FL 33764
 US


2. Principal Place of Business 21 920-10th AVE. SW. Suite, Apt. #, etc. 22 City & State 23 LARGO, FL Zip Country 24 33770 25 Pinellas		2a. Mailing Address 26 920-10th AVE. SW. Suite, Apt. #, etc. 27 City & State 28 LARGO, FL Zip Country 29 33770 30 Pinellas		3. Date Incorporated or Qualified 01/08/1987 4. FEI Number 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																																																																																																																																																	
9. Name and Address of Current Registered Agent MAGUIRE, PATRICK T. 308 N. BELCHER RD. CLEARWATER FL 33765				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 PATRICK T. MAGUIRE 4/21/99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																																																																					
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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: **DISCLOSURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

727-585-8817

Daytime Phone #

CR2E037 (11/98)