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Mar 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N30318 (2)**
1. Corporation Name
FRIENDSHIP UNITED METHODIST CHURCH, INC., OF CLEARWATER

Principal Place of Business

Mailing Address

%R.T. MITCHELL
2039 E. DRUID ROAD
CLEARWATER FL 34624%R.T. MITCHELL
2039 E. DRUID ROAD
CLEARWATER FL 34624-63313. Date Incorporated or Qualified
01/24/19893a. Date of Last Report
04/26/19962. Principal Place of Business
21 %David Pasquarella2a. Mailing Address
26 % David Pasquarella4. FEI Number
59-1237875Applied For
Not ApplicableSuite, Apt. #, etc.
22 2039 E. Druid RoadSuite, Apt. #, etc.
27 2039 E. Druid Road5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**City & State
23 Clearwater, FL 34624City & State
28 Clearwater, FL 346246. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**Zip Country
24 25Zip Country
29 308. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PASQUARELLA, DAVID
2039 E. DRUID ROAD
CLEARWATER FL 34624

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
CD
STREET ADDRESS
KRACKE, RICHARD
CITY-ST-ZIP
2039 E. DRUID ROAD
CLEARWATER FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
CD
STREET ADDRESS
SPEED, VIRGINIA
CITY-ST-ZIP
2039 E. DRUID RD.
CLEARWATER FL 346242.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
SD
STREET ADDRESS
LLOYD, JUNE
CITY-ST-ZIP
2039 E. DRUID ROAD,
CLEARWATER FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
TD
STREET ADDRESS
DAVENPORT, ELEANOR
CITY-ST-ZIP
2039 E. DRUID RD.
CLEARWATER FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
D
STREET ADDRESS
PASQUARELLA, DAVID
CITY-ST-ZIP
2039 E. DRUID ROAD
CLEARWATER FL 346245.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
D
STREET ADDRESS
MILCOWITZ, LEN
CITY-ST-ZIP
2039 E. DRUID ROAD
CLEARWATER FL 346246.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

David Pasquarella
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-97

813/447-1822

CR2E037 (9/96)