FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name

N30318

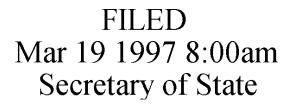
(2)

FRIENDSHIP UNITED METHODIST CHURCH, INC., OF CLE ARWATER

Principal Place of Business

Mailing Address

MOT DITCHELL





2039 E. DRUID ROAD CLEARWATER FL 34624		2039 E. DRUID ROAD CLEARWATER FL 34624-6331		Date Incorporated or Qualified 01/24/1989	3a. Date of Last Report 04/26/1996
	ace of Business id Pasquarella	2a. Mailing Address 26 % David Pasq	marella	4. FEI Number 59-1237975	Applied For Not Applicable
Suite, Apt #, etc 22 2039 E. Druid Road		Suite, Apt. #, etc. 27 2039 E. Druid Road		Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	rwater, FL 34624	City & State 28 Clearwater,	FL 34624	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ 24	Country 25		Country	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	pistered Agent
			81 Name		
PASQUARELLA, DAVID 2039 E. DRUID ROAD			82 Street Address (P.O. Box Number is Not Acceptable)		
	ATER FL 34624		83		
CLEAN	AIEN FL 34024		84 City		FL 85 Zip Code
office or re agent. Far SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida Such change was autho ions of, Section 617.0503, Florida	orized by the corporat Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
	Signature itype o or printed name of registered agent OFFICERS AND		istered Agent signature requir	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
12.			1.1 TITLE	ADDITIONATION TO CALL	Change Addition
NAME	CD Kracke, Richard	"	1.2 NAME		,
STREET ADDRESS	2039 E. DRUID ROAD		1.3 STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
TITLE	CD	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SPEED, VIRGINIA		2.2 NAME		
STREET ADDRESS	2039 E. DRUID RD.		2.3 STREET ADDRESS		
CHTY - ST- ZIP	CLEARWATER FL 34624		2. 4 CITY-ST-ZIP		
TIME	SD	☐ DELETE	3.1 TITLE		Change Addition
NAME	LLOYD, JUNE		3.2 NAME		
STREET ADORESS	2039 E. DRUID ROAD,		3.3 STREET ADDRESS		
C(TY-ST-ZIF	CLEARWATER FL	······································	3 4. CITY-ST-ZIP		
TILE	TD	☐ DELETE	4.1 TITLE		Change Addition
NAME	DAVENPORT, ELEANOR		4. 2 NAME		
STREET ADDRESS	2039 E. DRUID RD.		4.3 STREET ADDRESS		
C(TY - ST - Z(F)	CLEARWATER FL	T DELETE	4.4 CITY - ST - ZIP		Change Addition
TOTALE	D	"	5.1 TITLE		□ cusufic □ vacion
NAME	PASQUARELLA, DAVID		5.2 NAME		
STREET ADDRESS	2039 E. DRUID ROAD		5.3 STREET ADDRESS		
CHY-ST-ZIP TITLE	CLEARWATER FL 34624		5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME	D MILCOMETA SEN		6.2 NAME		
1	MILCOWITZ, LEN 2039 E. DRUID ROAD	i	6.3 STREET ADDRESS		
STREET ADDRESS	CLEARWATER FL 34624				
CITY-ST-ZIF	ULEARWAIER FL 34024		64 CITY-ST-ZIP	d in Continu 110 07/2V/) Elevide Statute	a I further partiful that the

I do neruply 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 an an attachment with an address.