


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30318** (2)
1. Corporation Name
FRIENDSHIP UNITED METHODIST CHURCH, INC., OF CLEARWATER

Principal Place of Business % DAVID PASQUARELLA 2039 E. DRUID ROAD CLEARWATER FL 34624 US	Mailing Address % DAVID PASQUARELLA 2039 E. DRUID ROAD CLEARWATER FL 34624 US
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3. Date Incorporated or Qualified 01/24/1989	4. FEI Number 59-1237975	Applied For Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 33764	Country 25
Zip 29 33764	Country 30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent PASQUARELLA, DAVID 2039 E. DRUID ROAD CLEARWATER FL 34624	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 33764
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	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	33764
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEED, VIRGINIA	2.2 NAME	
STREET ADDRESS	2039 E. DRUID RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34624	2.4 CITY - ST - ZIP	33764
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LLOYD, JUNE	3.2 NAME	
STREET ADDRESS	2039 E. DRUID ROAD,	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	3.4 CITY - ST - ZIP	33764
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVENPORT, ELEANOR	4.2 NAME	
STREET ADDRESS	2039 E. DRUID RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	4.4 CITY - ST - ZIP	33764
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASQUARELLA, DAVID	5.2 NAME	
STREET ADDRESS	2039 E. DRUID ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34624	5.4 CITY - ST - ZIP	33764
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILCOWITZ, LEN	6.2 NAME	Davis, David
STREET ADDRESS	2039 E. DRUID ROAD	6.3 STREET ADDRESS	2039 E. Druid Road
CITY - ST - ZIP	CLEARWATER FL 34624	6.4 CITY - ST - ZIP	Clearwater, FL 33764

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.

SIGNATURE: *[Signature]* 4/16/98 813/447-1822

CR2E037 (10/97)