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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N30318**

1. Corporation Name

**FRIENDSHIP UNITED METHODIST CHURCH, INC., OF CLEARWATER**

Principal Place of Business

% DAVID PASQUARELLA  
2039 E. DRUID ROAD  
CLEARWATER FL 33764  
US

Mailing Address

% DAVID PASQUARELLA  
2039 E. DRUID ROAD  
CLEARWATER FL 33764  
US



2. Principal Place of Business

21 % Elmer Campbell

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 % Elmer Campbell

Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/24/1989

4. FEI Number

59-1237975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

PASQUARELLA, DAVID  
2039 E. DRUID ROAD  
CLEARWATER FL 33764

10. Name and Address of New Registered Agent

81 Name  
Campbell, Elmer

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

*Elmer Campbell*

2/24/99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE  
NAME KRACKE, RICHARD  
STREET ADDRESS 2039 E. DRUID ROAD  
CITY-ST-ZIP CLEARWATER FL 33764

TITLE D ☐ DELETE  
NAME SPEED, VIRGINIA  
STREET ADDRESS 2039 E. DRUID RD.  
CITY-ST-ZIP CLEARWATER FL 33764

TITLE SD ☐ DELETE  
NAME LLOYD, JUNE  
STREET ADDRESS 2039 E. DRUID ROAD,  
CITY-ST-ZIP CLEARWATER FL 33764

TITLE TD ☐ DELETE  
NAME DAVENPORT, ELEANOR  
STREET ADDRESS 2039 E. DRUID RD.  
CITY-ST-ZIP CLEARWATER FL 33764

TITLE D ☒ DELETE  
NAME PASQUARELLA, DAVID  
STREET ADDRESS 2039 E. DRUID ROAD  
CITY-ST-ZIP CLEARWATER FL 33764

TITLE D ☐ DELETE  
NAME DAVIS, DAVID  
STREET ADDRESS 2039 E. DRUID ROAD  
CITY-ST-ZIP CLEARWATER FL 33764

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

D  
Campbell, Elmer  
2039 E. Druid Road  
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, with all other like empowered.

SIGNATURE: Elmer Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99

Date

727/447-1822

Daytime Phone #

CR2E037 (1/98)