


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N30318 1. Entity Name FRIENDSHIP UNITED METHODIST CHURCH, INC., OF CLEARWATER	
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Principal Place of Business % ELMER CAMPBELL 2039 E. DRUID ROAD CLEARWATER, FL 33764 US	Mailing Address % ELMER CAMPBELL 2039 E. DRUID ROAD CLEARWATER, FL 33764 US
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03102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1237975	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SEVER, EASON 2039 E. DRUID ROAD CLEARWATER, FL 33764

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Eason Sever DATE 3-10-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000086140
03/12/04-80012-010 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CAMPBELL, DORIS 2039 E. DRUID ROAD CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD GILFILLAN, PAT 2039 E. DRUID RD. CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD LLOYD, JUNE 2039 E. DRUID ROAD, CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SEVER, EASON 2039 E. DRUID ROAD CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MCNABB, CHARLES 2039 E. DRUID ROAD CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eason Sever DATE 3-10-04 (727) 447-1822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #