

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N30318

1. Entity Name
FRIENDSHIP UNITED METHODIST CHURCH, INC., OF
CLEARWATER



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



03082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1237975

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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

Eason Sever

(NOTE: Registered Agent signature required when reinstating)

3-9-05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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03/11/05-80023-011 61.25

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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)(i), 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 Eason Sever

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-05 (727) 447-1822

Date

Daytime Phone #