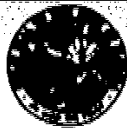


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -5 PM 3:58

DOCUMENT # N34526 (6)
1. Corporation Name
THE CLEARWATER-LARGO FREE METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

**NELSON R. BLOUNT
380 FULTON DR., SE
LARGO FL 34641**

**NELSON R. BLOUNT
380 FULTON DR., SE
LARGO FL 34641**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/06/1989	3a. Date of Last Report 04/22/1994
4. FEI Number 59-2013162	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

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	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLOUNT, NELSON R.
380 FULTON DR., SE
LARGO FL 34641**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **3-6-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILLIS, RICHARD 3882 DEHAVEN DR PALM HARBOR FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D RICE, GARY 6361 103rd Avenue N. Pinellas Park FL ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABRAM, JAMES L. 9730 PARKWOOD CT SEMINOLE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLEVEGER, ROBERT E. 3070 HOYT AVE CLEARWATER FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	Clevenger (corrected spelling) ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRYKER, CAMERON 2330 INDIGO DR CLEARWATER FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	PD STRYKER, CAMERON 2330 INDIGO DR CLEARWATER FL ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VANNOTE, PAUL L. 995 LAKEVIEW DRIVE PALM HARBOR FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BANTIN, DAVID 8441 56TH ST N PINELLAS PARK FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* **Camaron F. Stryker** 3-22-95 813-796-8300