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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1, 12

1996

DOCUMENT # N34526

(6)

THE CLEARWATER-LARGO FREE METHODIST CHURCH, INC.

Principal Place of Business Mailing Address %NELSON R. BLOUNT **%NELSON R. BLOUNT** 380 FULTON DR., SE 380 FULTON DR., SE

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	4641		LARGO FL 3	H041			l l			
							3. Date Incorporated or Qualified 10/06/1989	3a. Date o 04/	f Last F 05/19	
·	ace of Business	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2a. Mailing Ad	dress	7.1		4. FEI Number		TTA	polied For
21			26				59-2013162		N	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt.	#, etc.			5. Certificate of Status Desired	□ \$		Additional equired
City & State	9		City & Stat	e		*	6. Election Campaign Financing			May Be
23			28				Trust Fund Contribution	4 1		to Fees
Zıp 24	25	Country	Zıp 29	:	Country 30		This corporation has liability for Florida Statutes	intangible tax un	der s. 1	199.032,
	9. Name an	d Address of Curr	ent Registered Agen	t			10. Name and Address of New	Registered Age	nt	
					81	Name				
	, nelson R.				82	Street Ac	Idress (P.O. Box Number is Not Accepta	ble)		
380 FUL	TON DR., SE]**	Olioci Ac	icress (1.0. Box radifical is not Accepta	DIE)		
LARGO I	FL 34641				83					•
					84	04.				·
		1			'	,		FL 8		Code
11. Pursuant t	to the provisions	of Sections 617.050	02 and 817,1508, Flor	da Statutes,	the above-	named corp	oration submits this statement for the pu	rpose of changin	g its re	gistered office
or register familiar wit	ed agent, or bot the and accept th	n, in the State of Flo ne obligations of Se	origa: Such Change wa orign 647 0567 13/rid	s authorized	by the corp	oration's bo	oration submits this statement for the pu orat of directors. I hereby accept the app	pointment as regis	stered a	igent. I am
SIGNATURE (1110	lsol 1		- Statutes				1-10 0	/	
SIGNATURE (Signifure, typed or pr	nted name of registered age	ent and title if applicable.	(NOTE:	Registered Ager	it signature regu	ered when reinstating!	1-19-90 DATE	e	
12.		OFFICERS A	ND DIRECTORS	· · · · · ·	13.		ADDITIONS/CHANGES TO OF			RS IN 12
TOLE	D			LETE	1.1 TITLE		7,007,013,07,010,20,10	LJ Ch	ange	Addition
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TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	RICE, GAR 6361 N 103	B AVE		LETE	1.2 NAME					
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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 AND TYPED OR PRINTED NAME OF BE

1-18-96 813-531-4391