

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED

00 JAN -5 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34526

1. Corporation Name

THE CLEARWATER-LARGO FREE METHODIST CHURCH, INC.

Principal Place of Business

CLEARWATER-LARGO FREE METHODIST CHURCH
380 FULTON DR. SE
LARGO FL 33771
US

Mailing Address

CLEARWATER-LARGO FREE METHODIST CHURCH
380 FULTON DR. SE
LARGO FL 33771
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

10/06/1989

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

9. Name and Address of Current Registered Agent

SHENKER, REV GRANT
380 FULTON DR., SE
LARGO FL 33771

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME RICE, GARY
STREET ADDRESS 6361 N 103 AVE
CITY-ST-ZIP PINELLAS PARK FL

TITLE D
NAME ABRAM, JAMES L.
STREET ADDRESS 9730 PARKWOOD CT.
CITY-ST-ZIP SEMINOLE FL

TITLE PD
NAME STRYKER, CAMERON
STREET ADDRESS 2330 INDIGO DR
CITY-ST-ZIP CLEARWATER FL

TITLE VD
NAME VANNOTE, PAUL L.
STREET ADDRESS 995 LAKEVIEW DRIVE
CITY-ST-ZIP PALM HARBOR FL

TITLE D
NAME BROWN, ROBERT
STREET ADDRESS 2145 ALICIA DR #3
CITY-ST-ZIP CLEARWATER FL

TITLE D
NAME KAUSSEY, John
STREET ADDRESS 2942 Ocean St #1514
CITY-ST-ZIP Clearwater

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

722 531-4391
Daytime Phone #