


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2007 8:00 am
Secretary of State

06-07-2007 90004 050 ****70.00

DOCUMENT # N34526	
1. Entity Name	
THE CLEARWATER-LARGO FREE METHODIST CHURCH, INC.	

Principal Place of Business	Mailing Address
CLEARWATER-LARGO FREE METHODIST CHURCH 380 FULTON DR, SE LARGO FL 33771 US	CLEARWATER-LARGO FREE METHODIST CHURCH 380 FULTON DR, SE LARGO FL 33771 US



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E037 (4/07)

4. FEI Number	59-2013162	Applied For
		Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCLAREN, ROB C REV 380 FULTON DR, SE LARGO FL 33771		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 <u>Rev Rob C. McLaren</u>	DATE <u>5-30-07</u>
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>	

FILE NOW: FEE IS \$61.25 Due By September 5, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	T
NAME	RICE, GARY	NAME	GRIFFITH, DAVID
STREET ADDRESS	6361 N 103 AVE	STREET ADDRESS	12701 126th AVE N. #50
CITY-ST-ZIP	PINELLAS PARK FL	CITY-ST-ZIP	Largo, FL 33774
TITLE	T	TITLE	
NAME	GRIFFITH, LAURIE	NAME	
STREET ADDRESS	2294 PRIMROSE LN., #1612	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33763	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	PECKHAM, EARLE	NAME	
STREET ADDRESS	239 EMERALD LANE	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33771	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Rev. Rob C. McLaren</u>	DATE: <u>5-30-07</u>
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