

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N34526

1. Entity 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**



01062008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2013162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCLAREN, ROB C REV
380 FULTON DR., SE
LARGO, FL 33771**

**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

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

(NOTE: Registered Agent signature required when terminating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, GARY 6361 N 103 AVE PINELLAS PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIFFITH, DAVE 12701 126TH AVE N.,#50 LARGO, FL 23774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PECKHAM, EARLE 239 EMERALD LANE LARGO, FL 33771
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/25/08-80002-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Rev. Rob C McLaren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-08 727-531-4391