2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N34526**

1. Entity Name



THE CLEARWATER-LARGO FREE METHODIST CHURCH, INC. Principal Place of Business Mailing Address CLEARWATER-LARGO FREE METHODIST CHURCH CLEARWATER-LARGO FREE METHODIST CHURCH 380 FULTON DR. SE 380 FULTON DR. SE **LARGO FL 33771** LARGO FL 33771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2013162 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCLAREN, ROB C REV Street Address (P.O. Box Number is Not Acceptable) 380 FULTON DR., SE LARGO FL 33771 City 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. ed Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change Addition NAME RICE, GARY ul Van Note NAME STREET ADDRESS 6381 N 103 AVE opioid Mill Pord Rd STREET ADDRESS CITY-ST-7IP PINELLAS PARK FL CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change **Addition** NAME CLEVENGER, ROBERT NAME STREET ADDRESS 3070 HOYT AVE STREET ADDRESS CITY-ST-ZIE **CLEARWATER FL 33759** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition GRIFFITH, LAMARR NAME NAME STREET ADDRESS 1444 ROSEWOOD AVE STREET ADDRESS CITY-ST-ZIE **DUNEDIN FL 34698** CITY-ST-7IP TITLE ☐ Delete TITE F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-2IP

FILED

Mar 03, 2003 8:00 am Secretary of State

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