

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000000464 (6)**

1. Corporation Name

CLEARWATER BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

1755 STABLE TRAIL
PALM HARBOR FL 34685

1755 STABLE TRAIL
PALM HARBOR FL 34685

3. Date Incorporated or Qualified
01/31/1995

3a. Date of Last Report
01-31-1995

2. Principal Place of Business

2a. Mailing Address

21 **Clearwater Baptist Ch**

26 **Clearwater Bapt. Church**

4. FEI Number

Applied For

59-3292866

Not Applicable

22 **2121 NE Coachman Road**

27 **2121 NE Coachman Rd#4**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 **Clearwater, Florida**

28 **Clearwater, FLORIDA**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip **34625**

25 Country **USA**

29 Zip **34625**

30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATTS, LARRY
1755 STABLE TRAIL
PALM HARBOR FL 34685

81 Name **Bruce McCoy**

82 Street Address (P.O. Box Number Is Not Acceptable)
1053 Candler Road

83

84 City **Clearwater**

FL

85 Zip Code **34625**

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

BRUCE Mc COY, President/Director; Howard Bruce McCoy

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

(NOTE: Registered Agent signature required when reinstating)

FEB. 16, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WATTS, LARRY	
STREET ADDRESS	1755 STABLE TRAIL	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KLEIN, WILLIAM	
STREET ADDRESS	624-A FAIRMONT	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, GLENN	
STREET ADDRESS	6250 ROOSEVELT BLVD., LOT 42	
CITY-ST-ZIP	CLEARWATER FL 34620	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McCoy, H. Bruce	
1.3 STREET ADDRESS	1053 Candler Road	
1.4 CITY-ST-ZIP	Clearwater, FL 34625	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	McCoy, Cynthia	
2.3 STREET ADDRESS	1053 Candler Road	
2.4 CITY-ST-ZIP	Clearwater, FL 34625	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Miller, Robert	
3.3 STREET ADDRESS	10455 S. Suncoast Blvd. Lot #-2	
3.4 CITY-ST-ZIP	Homosassa Springs, FL 34446	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Howard Bruce McCoy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 16, 1996 (813) 299-0839

Date

Daytime Phone #

CR2E037 (12/95)