

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006681 (7)

1. Corporation Name

CLEARWATER CHRISTIAN MINISTRIES, INC.



Principal Place of Business	Mailing Address
1001 S. PROSPECT DR., SUITE 1 CLEARWATER FL 34616	P. O. BOX 2876 CLEARWATER FL 34617

3. Date Incorporated or Qualified
11/24/1997

4. FEI Number 59-3481015	Applied For Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 33756	25 USA
29 33757-2876	30 USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERRY, MELBA
1001 S. PROSPECT DR., SUITE 1
CLEARWATER FL 34616

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	
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	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DR. MAGGIE C. FAULKNER	
1.3 STREET ADDRESS	2416 INDIAN TRAILS W - P.O. BOX 572	
1.4 CITY-ST-ZIP	PALM HARBOR, FL 34682	
2.1 TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MS. KELLY HINSHAW	
2.3 STREET ADDRESS	1424 PARK ST.	
2.4 CITY-ST-ZIP	CLEARWATER FL 33755	
3.1 TITLE	P/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MELBA PERRY	
3.3 STREET ADDRESS	1001 S. PROSPECT AVE #1	
3.4 CITY-ST-ZIP	CLEARWATER FL 33756	
4.1 TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MIRIAM CEPERO	
4.3 STREET ADDRESS	514 BETTY LANE #1	
4.4 CITY-ST-ZIP	CLEARWATER FL 33756	
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOSEPHINE CRAIG	
5.3 STREET ADDRESS	12180 75th ST. N.	
5.4 CITY-ST-ZIP	PINELLAS PARK, FL 34665	
6.1 TITLE	TRUSTEE (COUNSEL)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KYLE A. ROBERTS	
6.3 STREET ADDRESS	342 FOXCROFT DR E - P.O. BOX 462	
6.4 CITY-ST-ZIP	PALM HARBOR FL 34682	

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.

CR2E037 (10/97)