


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Aug 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000006681		
1. Entity Name CLEARWATER CHRISTIAN SERVICES, INC.		
Principal Place of Business 1001 S. PROSPECT AVE., #1 CLEARWATER, FL 33756 US	Mailing Address 1001 S PROSPECT AVE. #1 CLEARWATER, FL 33756 US	



08122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3481015	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PERRY, MELBA 1001 S. PROSPECT AVENUE, #1 CLEARWATER, FL 33756		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 *Rev. Melba Perry* *REV. MELBA PERRY* *Aug 12, 2005*
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

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	PD PERRY, MELBA V 1001 S. PROSPECT AVE., #1 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AJO, YOLANDA 7609 LEMONWOOD CT TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FAULKNER, MAGGIE DR. 2416 INDIAN TRAILS W PALM HARBOR, FL 34682
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERRY, BRUCE 1569 MAIN STREET DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAULKNER, NICHOLAS 342 FOXCROFT DR E PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT KLESZY, NANCY 585 SKY HARBOR DR CLEARWATER, FL 33759

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08/16/05-80001-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Rev. Melba Perry* *Aug 12, 2005* *727-449-1006*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #