

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000002726

1. Entity Name
FAITH FAMILY OUTREACH CHURCH OF CLEARWATER, INC.



Principal Place of Business
**2045 PALMETTO STREET
CLEARWATER, FL 33765 US**

Mailing Address
**801 WEST BAY DRIVE
SUITE 503
LARGO, FL 33770 US**



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3534170** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NICHOLSON, STEVEN A
2045 PALMETTO STREET
CLEARWATER, FL 33765**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

**U00000602889
01/26/07-80107-021 61.25**

10. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **NICHOLSON, STEVEN A**
STREET ADDRESS **112 13TH STREET**
CITY-ST-ZIP **BELLEAIR BEACH, FL 33786**

TITLE **DVST**
NAME **NICHOLSON, SHERI A**
STREET ADDRESS **112 13TH STREET**
CITY-ST-ZIP **BELLEAIR BEACH, FL 33786**

TITLE **D**
NAME **FRIEDT, WAYNE E**
STREET ADDRESS **5240 N. SOCRUM LOOP**
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/22/07** 727-461-9673
Daytime Phone #