6/

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State

06-21-2000 90001 030 ****65.00

DOCUMENT # N99 00000 3079 (R)

1. Entity Name

Clearwater Christian Center / dba. Clearwater Spoken Word church

Principal Place of Business — Mailing Address

160 Lisa Lane, Oldsmar, FL 34677

308452

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-343-6458 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

James Francis Buckley
2627 W. Grand Reserve Circle
Apt 514
Clearwater FL 33759

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City | FL | 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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW. FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	Pastor	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Philip Carpenter	P	NAME	
STREET ADDRESS	160 Lisa Lane		STREET ADDRESS	
CITY-ST-ZIP	Oldsmar, FL 34677		CITY-ST-ZIP	
TITLE	Associate Pastor	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Wendy Carpenter	D	NAME	
STREET ADDRESS	160 Lisa Lane		STREET ADDRESS	
CITY-ST-ZIP	Oldsmar, FL 34677		CITY-ST-ZIP	
TITLE	Associate Pastor	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	James Buckley	P	NAME	
STREET ADDRESS	2627 W. Grand Reserve Circle		STREET ADDRESS	
CITY-ST-ZIP	Clearwater FL 33759		CITY-ST-ZIP	
TITLE	Zake Blevins	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Covenant Foundation	T	NAME	
STREET ADDRESS	P.O. Box 2083		STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor FL 34682		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	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Phil Carpenter, Director — 7.7.2000 — 727.771.9673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Phil Carpenter