

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90119 018 \*\*\*\*61.25

**DOCUMENT # N99000004554**

1. Entity Name

**NORTHEAST CHURCH OF CHRIST, OF CLEARWATER, INC.**



Principal Place of Business

**2040 N. MCMULLEN BOOTH RD.  
CLEARWATER FL**

Mailing Address

**2040 N. MCMULLEN BOOTH RD.  
CLEARWATER FL**

**90003432**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3231390**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JARDINE, BRET T ESQ.  
2650 MCCORMICK DR  
SUITE 100  
CLEARWATER FL 33459**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	<b>D</b>	<b>WILLIAMS, CHUCK</b>	<b>842 FRANKLIN CIRCLE</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<b>PALM HARBOR FL 34683</b>								
	<b>D</b>	<b>MCKINNEY, ED</b>	<b>464 CYPRESS LAKE CT.</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<b>OLDSMAR FL 34677</b>								
	<b>D</b>	<b>HARRELL, STEVE</b>	<b>2539 ANDERSON DR. W.</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<b>CLEARWATER FL 33761</b>								
	<b>D</b>	<b>PETER, CHARLES</b>	<b>299 SHEFFIELD CIRCLE E.</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<b>PALM HARBOR FL 34683</b>								
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/02)

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:

*Chuck Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-403

727-789-5540