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 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham,
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000001793 (6)
 1. Corporation Name
CLEARWATER CHINESE CHRISTIAN CHURCH INC.



Principal Place of Business: 4670 EAST BAY DRIVE CLEARWATER FL 34624
 Mailing Address: 4670 EAST BAY DRIVE CLEARWATER FL 34624-5715

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21	2525 N. McMullen Bwth Rd	26	2630 Brewton Ct.	03/27/1996			
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number		Applied For	
				59-3407167		Not Applicable	
23. City & State		28. City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Clearwater, FL		Clearwater FL		<input checked="" type="checkbox"/>			
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
33761		34621		<input type="checkbox"/>			
25. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
USA		USA		<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
LEONG, SOKLEI
 2630 BREWTON COURT
 CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name	Countryside Chinese Baptist Mission
82 Street Address (P.O. Box Number is Not Acceptable)	2525 N. McMullen Bwth Rd
83	
84 City	Clearwater FL
85 Zip Code	33761

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		DELETED
TITLE	Chairman (President)	<input type="checkbox"/>
NAME	Leong, Soklei	
STREET ADDRESS	2630 Brewton Ct. Clearwater FL	
CITY-ST-ZIP	34621	
TITLE	Vice President	<input type="checkbox"/>
NAME	Lin, Fred	
STREET ADDRESS	2976 Elysium Way, Clearwater FL	
CITY-ST-ZIP	34619	
TITLE	Treasurer	<input type="checkbox"/>
NAME	Hu, Chin-Feng	
STREET ADDRESS	2295 Willowbrook Dr. Clearwater, FL	
CITY-ST-ZIP	34624	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Director	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Leong, Soklei		
1.3 STREET ADDRESS	2630 Brewton Ct. Clearwater FL		
1.4 CITY-ST-ZIP	34621		
2.1 TITLE	Director	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Lin, Fred		
2.3 STREET ADDRESS	2976 Elysium Way Clearwater FL		
2.4 CITY-ST-ZIP	34619		
3.1 TITLE	Director	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Hu, Chin-Feng		
3.3 STREET ADDRESS	2295 Willowbrook Dr. Clearwater FL		
3.4 CITY-ST-ZIP	34624		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE _____ DATE 4/28/97

CR2E037 (9/96)