

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-25-2002 90041 026 ***61.25

DOCUMENT # 700577

1. Entity Name

THE COMMUNITY REFORMED CHURCH OF CLEARWATER, INC

Principal Place of Business

Mailing Address

1430 BELLEAIR RD.
 CLEARWATER FL 33756
 US

1430 BELLEAIR RD.
 CLEARWATER FL 33756
 US

00000110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1968188

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

Name

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

City

FL

Zip Code

GOULD, NORRIS
1712 ROBINHOOD LANE
CLEARWATER FL 33764

Clearwater FL 33764

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

N. Gould

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 Delete
 NAME **GOULD, NORRIS**
 STREET ADDRESS **1712 ROBINHOOD LANE**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE Change Addition
 NAME **Gloria Reynolds**
 STREET ADDRESS **1345 Byron Drive**
 CITY-ST-ZIP **Clearwater, FL 33756**

TITLE Delete
 NAME **WING, DEAN**
 STREET ADDRESS **1220 MICHIGAN BLVD**
 CITY-ST-ZIP **DUNEDIN FL 34898**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TELGEN, NEAL**
 STREET ADDRESS **10907 87TH AVE N**
 CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **JAMES SPENCE**
 STREET ADDRESS **456 Trinidad Lane**
 CITY-ST-ZIP **Largo, FL 33770**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **Head Deacon**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 if with an address, with all other like empowered.

SIGNATURE:

N. Gould
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)