


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 700577**

1. Entity Name  
**THE COMMUNITY REFORMED CHURCH OF CLEARWATER, INC**



Principal Place of Business      Mailing Address

1430 BELLEAIR RD.      1430 BELLEAIR RD.  
 CLEARWATER, FL 33756 US      CLEARWATER, FL 33756 US

**DO NOT WRITE IN THIS SPACE**



07072004 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
 59-1968188      Not Applicable

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

6. Name and Address of Current Registered Agent

**GOULD, NORRIS**  
 1712 ROBINHOOD LANE  
 CLEARWATER, FL 33764

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

|                 |                      |
|-----------------|----------------------|
| TITLE           | D                    |
| NAME            | GOULD, NORRIS        |
| STREET ADDRESS  | 1712 ROBINHOOD LANE  |
| CITY - ST - ZIP | CLEARWATER, FL       |
| TITLE           | D                    |
| NAME            | SPENCE, JAMES        |
| STREET ADDRESS  | 456 TRINIDAD LANE    |
| CITY - ST - ZIP | LARGO, FL 33770      |
| TITLE           | D                    |
| NAME            | REYNOLDS, GLORIA     |
| STREET ADDRESS  | 1345 BYRON DRIVE     |
| CITY - ST - ZIP | CLEARWATER, FL 33756 |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |

00000170125  
 --08/16/04-80002-018 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:** *N. Gould*      8-9-04      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #