

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732773 (7)
1. Corporation Name
**FIRST CHRISTIAN CHURCH OF TARPON SPRINGS, FLORID
A, INC.**

Principal Place of Business 2795 KEYSTONE RD TARPON SPRINGS FL 34689	Mailing Address 2795 KEYSTONE RD TARPON SPRINGS FL 34689
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 05/15/1975	4. FEI Number 59-1713769	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent CLARK, ROB 5830 FALL RIVER DR. N PT. RICHEY FL 34855
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	TUPER, TIM
STREET ADDRESS	1254 BERKSHIRE LANE
CITY-ST-ZIP	TARPON SPRINGS FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	KROPP, ALFRED E.
STREET ADDRESS	1290 PINE RIDGE CIRCLE E G-1
CITY-ST-ZIP	TARPON SPRINGS FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	PFENNINGER, ROBERT
STREET ADDRESS	7834 ANTHULA COURT
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	QINTER, CHUCK
STREET ADDRESS	4723 SANDPOINTE DRIVE
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KROPP, ALFRED E.
2.3 STREET ADDRESS	1290 PINE RIDGE CIRCLE E., #G-1
2.4 CITY-ST-ZIP	TARPON SPRINGS, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GREGORY GAY
4.3 STREET ADDRESS	7831 CALLAN COURT
4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: _____ 4/17/98 (813)934-5903

CR2E037 (10/97)