


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 732773 1. Corporation Name FIRST CHRISTIAN CHURCH OF TARPON SPRINGS, FLORIDA, INC.			
Principal Place of Business 2795 KEYSTONE RD TARPON SPRINGS FL 34689		Mailing Address 2795 KEYSTONE RD TARPON SPRINGS FL 34689	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 05/15/1975		4. FEI Number 59-1713769	
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	
9. Name and Address of Current Registered Agent CLARK, ROB 5830 FALL RIVER DR. N PT. RICHEY FL 34655		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD <input checked="" type="checkbox"/> DELETE NAME GREGORY, GAY STREET ADDRESS 7831 CALLAN COURT CITY-ST-ZIP NEWPORT RICHEY FL	1.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME David Ristoff 1.3 STREET ADDRESS 248 Millstone Drive 1.4 CITY-ST-ZIP Palm Harbor, FL 34683	2.1 TITLE CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Howard Balm 2.3 STREET ADDRESS 120 Waterberry Drive 2.4 CITY-ST-ZIP Tarpon Springs, FL 34689	
TITLE CD <input checked="" type="checkbox"/> DELETE NAME KROPP, ALFRED E. STREET ADDRESS 1290 PINE RIDGE CIRCLE E G-1 CITY-ST-ZIP TARPON SPRINGS FL	3.1 TITLE VC D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Nathan Stokes 3.3 STREET ADDRESS 1410 Castlewoks Lane 3.4 CITY-ST-ZIP Tarpon Springs, FL 34689	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE TD <input type="checkbox"/> DELETE NAME PFFENNINGER, ROBERT STREET ADDRESS 7834 ANTHULA COURT CITY-ST-ZIP NEW PORT RICHEY FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard Balm

Date

1/29/99

(727) 934-5903

Daytime Phone