

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90173 046 \*\*\*\*61.25

**DOCUMENT # 732773**

1. Entity Name

**FIRST CHRISTIAN CHURCH OF TARPON SPRINGS, FLORID**

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1713769**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CLARK, ROB**  
**5830 FALL RIVER DR.**  
**N PT. RICHEY FL 34655**

7. Name and Address of New Registered Agent

Name

**Clark, Rob**

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

**1113 Sawgrass Drive**

**Tarpon Springs**

City

**Tarpon Springs**

**FL**

Zip Code

**34689**

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

**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

TITLE **SD** ☐ Delete  
 NAME **RISTOFF, DAVID**  
 STREET ADDRESS **248 MILLSTONE DRIVE**  
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **CD** ☒ Delete  
 NAME **BALM, HOWARD**  
 STREET ADDRESS **120 WATERBERRY DRIVE**  
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **VCD** ☒ Delete  
 NAME **STOKES, NATHAN**  
 STREET ADDRESS **1410 CASTLEWORKS LANE**  
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **CD Cardwell, Bob**  
 STREET ADDRESS **1932 Winsloe Drive**  
 CITY-ST-ZIP **New Port Richey, FL 34655**

TITLE ☒ Change ☐ Addition  
 NAME **VCD**  
 STREET ADDRESS **Bronson, Mike**  
 CITY-ST-ZIP **4332 Aldon Court**  
**Palm Harbor, FL 34685**

TITLE ☐ Change ☒ Addition  
 NAME **Treasurer**  
 STREET ADDRESS **Pfenninger, Robert**  
 CITY-ST-ZIP **7834 Anthula Court**  
**New Port Richey, FL 34653**

TITLE ☐ Change ☐ Addition  
 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 with an address, with all other like empowered.

**SIGNATURE: Robert Pfenninger Treasurer**

**4/27/01 727-934-5903**

CR2E037 (10/00)