

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90234 028 \*\*\*\*61.25

**DOCUMENT # 732773**

1. Entity Name

**FIRST CHRISTIAN CHURCH OF TARPON SPRINGS, FLORID  
A, INC.**

Principal Place of Business

Mailing Address

**2795 KEYSTONE RD  
TARPON SPRINGS FL 34689**

**2795 KEYSTONE RD  
TARPON SPRINGS FL 34689**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

**CLARK, ROB  
1113 SAWGRASS DR  
TARPON SPRINGS FL 34689**

Name  
**JACKSON, ED**

Street Address (P.O. Box Number is Not Acceptable)  
**4902 CROSS POINTE DRIVE**

City  
**OLDSMAR**

**FL**

Zip Code  
**34677**

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 *Edward A Jackson* Ed Jackson/Chairman

4/17/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **SD** ☒ Change ☐ Addition  
NAME **HAAS, CHRIS**  
STREET ADDRESS **1213 E. LEMON STREET**  
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **CD** ☒ Delete  
NAME **CARDWELL, BOB**  
STREET ADDRESS **1932 WINSLOE DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **CD** ☒ Change ☐ Addition  
NAME **JACKSON, ED**  
STREET ADDRESS **4902 CROSS POINTE DRIVE**  
CITY-ST-ZIP **OLDSMAR, FL 34677**

TITLE **VCD** ☒ Delete  
NAME **BRONSON, MIKE**  
STREET ADDRESS **4332 ALDON CT**  
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **VCD** ☒ Change ☐ Addition  
NAME **FURNISH, DAVE**  
STREET ADDRESS **5633 WELLINGTON COURT**  
CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE **T** ☐ Delete  
NAME **PFENNINGER, ROBERT**  
STREET ADDRESS **7834 ANTHULA CT**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

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

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 with an address, with all other like empowered.

SIGNATURE *Edward A Jackson* Ed Jackson/Chairman

4/17/02

(727) 787-7067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)