2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #732773

FIRST CHRISTIAN CHURCH OF TARPON SPRINGS, FLORIDA, INC.



FILED

May 01, 2007 8:00 am Secretary of State

05-01-2007 90007 037 ****61.25

SIGNATURE:

SIGNATURE AND TYPED OR EDINTED NAME OF SIGNING OFFICER OR DIRECTOR

Principal Place of Business 2795 KEYSTONE RD TARPON SPRINGS, FL 34689 Mailing Address 2795 KEYSTONE RD TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689					9			WWW.			
Principal Place of Business - No P.O. Box # Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04262007	Chg-NP	CR2E037	(12/06)	
City & State			City & State				4. FEI Numbe 59-1713			_ 	plied For t Applicable
Zip		Country	Zip	_ C	Country		5. Certificate of	of Status Desired		8.75 Add	
	6. Name a	and Address of Current F	Registered Agent				7. Name and	Address of New	Registered Ag	jent	
ERSKINE, ROY 1525 WHARFSIDE DRIVE 2126 LARCHWOOD COURT NEW PORT RICHEY, FL 34655					Name Street A	Name Street Address (P.O. Box Number is Not Acceptable)					
					City				FL	Zip Code	9
	tions of registe	submits this statement for red agent. / /			ered Office O			i, in the state of F	DATE	miliar with,	and accept
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Financing Trust Fund Contribution.							\$5.00 May Be Added to Fees	Flo	Make check rida Departn		
10.	T	OFFICERS AND DIF			1.	A	DDITIONS/CHA	NGES TO OFFIC	ERS AND DIRE	CTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLORY, BO 320 BASS OLDSMAR			h S	ITLE IAME TREET ADDRESS ITY-ST-ZIP					□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7834 ANTH	SER, ROBERT HULA CT T RICHEY, FL 34653		A S	ITLE IAME ITREET ADDRESS ITY-ST-ZIP				1	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD YOUNG, JO 3307 RED			, h	ITLE IAME ITREET ADDRESS ITY-ST-ZIP			7.,	Í	□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	KEVIN ROW CREEK RPAD T RICHEY, FL 34655		A S	ITLE IAME TREET ADDRESS CITY-ST-ZIP	Jer	uirman sed, K 12 Arm	u Creek		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		W.		M 1	ITLE IAME Street address City-St-2ip	5c		oerl-	1.	□ Change	*Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				h S	TITLE NAME STREET ADDRESS CITY-ST-ZIP				j	Change	Addition
indicated	on this report	information supplied with or supplemental report is e receiver or trustee empo chment with an address, y	true and accurate	and that my sig	nature shall h	ave the s	ame legal effect	t as it made under	oath: that I an	n an officer	or director

Date

Daytime Phone #