

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996-12-96

B

3510

C

DOCUMENT # NO4817

(5)

1. Corporation Name

EAST LAKE ROAD BAPTIST CHURCH OF TARPON SPRINGS,
INC.



Principal Place of Business

Mailing Address

C/O WILLIAM SHADRICK
1190 EAST LAKE ROAD SOUTH
TARPON SPRINGS FL 34689
US

Owlett, Stuart

C/O WILLIAM SHADRICK
1190 EAST LAKE ROAD SOUTH
TARPON SPRINGS FL 34689
US

Owlett, Stuart

3. Date Incorporated or Qualified

08/22/1984

3a. Date of Last Report

06/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2466252

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRISON, GENE E.
1190 E. LAKE ROAD, SOUTH
TARPON SPRINGS FL 34689

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
SHADRICK, WILLIAM
2201 TONIWOOD LANE
PALM HARBOR FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
C.D.
Owlett, Stuart
4618 Rosemont Ct
N.P.R. FLA. 34655

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MORRISON, GENE
3581 FAIRWAY FOREST DR
PALM HARBOR FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MONNIER, TED
1845 MCCAULEY ROAD
CLEARWATER FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WHISHER, RON
3336 MASTERS DRIVE
CLEARWATER FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
MILLER, HAROLD
3071 POINTER DRIVE
PALM HARBOR FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Gene E. Morrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gene E. Morrison

49.96

Date:

Daytime Phone #

CR2E037 (12/95)