

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04817

1. Entity Name

EAST LAKE ROAD BAPTIST CHURCH OF TARPON SPRINGS, INC.

Principal Place of Business

Mailing Address

1190 EAST LAKE ROAD SOUTH  
TARPON SPRINGS FL 34689  
US

1190 EAST LAKE ROAD SOUTH  
TARPON SPRINGS FL 34689  
US

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2466252

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

ADAMS, MARLIN  
7329 CAPTIVA CIR  
NEW PORT RICHEY FL 34655

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME ADAMS, MARLIN  
STREET ADDRESS 7329 CAPTIVA CIR.  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ Change ☒ Addition  
NAME HANSELL, THOMAS  
STREET ADDRESS 154 ANNWOOD RD  
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE ☒ Delete  
NAME CYR, HAROLD  
STREET ADDRESS 45 PROD AVE.  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ Change ☒ Addition  
NAME TRUSS SUDLER  
STREET ADDRESS 1077 GLENWOOD DR  
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE ☒ Delete  
NAME SIDES, PHIL  
STREET ADDRESS 3815 RIVER OAKS CT.  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ Change ☒ Addition  
NAME ANN WHISHER  
STREET ADDRESS 99 DOLPHIN DR. N.  
CITY-ST-ZIP CLEARWATER, FL 33677

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)