


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N04817 1. Entity Name EAST LAKE ROAD BAPTIST CHURCH OF TARPON SPRINGS, INC.	
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Principal Place of Business 1190 EAST LAKE ROAD SOUTH TARPON SPRINGS, FL 34688 US	Mailing Address 1190 EAST LAKE ROAD SOUTH TARPON SPRINGS, FL 34688 US
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DO NOT WRITE IN THIS SPACE



04252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2466252	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ADAMS, MARLIN
7329 CAPTIVA CIR
NEW PORT RICHEY, FL 34655**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRUCKER, JUSTIN 4116 SALEM SQ PKWY PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIAR, TOM 1525 RIVERDALE DR OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARSLAND, LEN 3301 ALT 19 NORTH LOT 126 DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JEFFERS, HELEN 2308 FORECASTLE DR PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MOORE, VIVIAN 1074 FARMINGDALE LN NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000341119
04/29/05-80003-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Helen Jeffers* **HELEN JEFFERS** 04-26-05 727-934-5735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #