


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90086 010 ****61.25

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 34688 US	1190 EAST LAKE ROAD SOUTH TARPON SPRINGS FL 34688 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

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

B. 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

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUCKER, JUSTIN	NAME	TOM KENNEDY
STREET ADDRESS	4116 SALEM SQ PKWY	STREET ADDRESS	1706 MARBLELEAF BLVD
CITY-ST-ZIP	PALM HARBOR FL 34685	CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIAR, TOM	NAME	NICK FRANCIS
STREET ADDRESS	1525 RIVERDALE DR	STREET ADDRESS	105 WOODLAKE LN
CITY-ST-ZIP	OLDSMAR FL 34677	CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSLAND, LEN	NAME	VINCE WOZNIAK
STREET ADDRESS	3301 ALT 19 NORTH LOT 126	STREET ADDRESS	100 HAMPTON RD UNIT 260
CITY-ST-ZIP	DUNEDIN FL 34698	CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFFERS, HELEN	NAME	LYNDA TAYLOR
STREET ADDRESS	2308 FORECASTLE DR	STREET ADDRESS	1498 E. LAKE WOODLAND PKWY
CITY-ST-ZIP	PALM HARBOR FL 34685	CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, VIVIAN	NAME	
STREET ADDRESS	1074 FARMINGDALE LN	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 an officer like empowered.

SIGNATURE: *Marlin L. Adams* **MARLIN L. ADAMS** 02-07-06
727-372-8014