FLORIDA PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB -1 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732773 (7)

1. Corporation Name
FIRST CHRISTIAN CHURCH OF TARPON SPRINGS, FLORIDA, INC.

Principal Place of Business	Mailing Address
2795 KEYSTONE RD TARPON SPRINGS FL 34689	2795 KEYSTONE RD TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1975
3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-1713769 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21:
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:
2a. Mailing Address 26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes [X] No

9. Name and Address of Current Registered Agent

CLARK, ROB
5830 FALL RIVER DR.
N PT. RICHEY FL 34655

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	C/D	XX Change ☐ Addition
NAME	REED, DON	1.2 NAME	Alfred E. Kropp	
STREET ADDRESS	3180 WINDMOOR DR	1.3 STREET ADDRESS	1290 Pine Ridge Cir. E., #G-1	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	CD	2.1 TITLE	V/D	XX Change ☐ Addition
NAME	ELLIS, WILLIAM	2.2 NAME	Tim Tupper	
STREET ADDRESS	5334 PEACOCK DR	2.3 STREET ADDRESS	1254 Berkshire Lane	
CITY-ST-ZIP	HOLIDAY FL	2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	SD	3.1 TITLE	T/D	XX Change ☐ Addition
NAME	HILL, HAROLD	3.2 NAME	Robert Pfenninger	
STREET ADDRESS	915 HIGHVIEW DR	3.3 STREET ADDRESS	7834 Anthula Court	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE		4.1 TITLE	S/D	XX Change ☐ Addition
NAME		4.2 NAME	Nathan Stokes	
STREET ADDRESS		4.3 STREET ADDRESS	1410 Castleworks Lane	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(i), 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: Alfred E. Kropp 1/27/95 (813)934-5903
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
Alfred E. Kropp

0068402