

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 732773 (7)

1. Corporation Name

FIRST CHRISTIAN CHURCH OF TARPON SPRINGS, FLORIDA, INC.



Principal Place of Business

2795 KEYSTONE RD
TARPON SPRINGS FL 34689

Mailing Address

2795 KEYSTONE RD
TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified
05/15/1975

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-1713769

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

**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 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	KROPP, ALFRED E	
STREET ADDRESS	1290 PINE RIDGE CIR E, #G1	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TUPPER, TIM	
STREET ADDRESS	1254 BERKSHIRE LN	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PFENNINGER, ROBERT	
STREET ADDRESS	7834 ANTHULA COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STOKES, NATHAN	
STREET ADDRESS	1410 CASTLEWORKS LANE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tim Tuper	
1.3 STREET ADDRESS	1254 Berkshire Lane	
1.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Alfred E. Kropp	
2.3 STREET ADDRESS	1290 Pine Ridge Cir. E., #G-1	
2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Chuck Ginter	
4.3 STREET ADDRESS	4723 Sandpointe Drive	
4.4 CITY-ST-ZIP	New Port Richey, FL 34655	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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:

Tim Tuper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Tim Tuper

3/8/96
Date

(813) 934-5903
Daytime Phone #

CP2E037 (12/95)