FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:55

DOCUMENT # 736904 (4)

1. Corporation Name

THE CHURCH ON THE BAYOU PRESBYTERIAN CHURCH (U.S .A.), INC.

Principal Place of Business	Mailing Address
409 WHITCOMB BLVD. TARPON SPRINGS FL 34689-2605	409 WHITCOMB BLVD. TARPON SPRINGS FL 34689-2605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1976
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-1649665 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SWEARINGEN, BERT C.
1105 GULF OAKS DRIVE
TARPON SPRINGS FL 34689

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	T	1.1 TITLE	T	☒ Change ☐ Addition
NAME	COBO, LINDA	1.2 NAME	Laura St. Arnold	
STREET ADDRESS	508 BERNICE BLVD	1.3 STREET ADDRESS	772 Chesapeake Drive	
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	FULLER, JANET	2.2 NAME	Edward Klein	
STREET ADDRESS	428 CROSSWINDS DRIVE	2.3 STREET ADDRESS	3229 Spanish Moss Lane	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	ENGLUND, JEAN	3.2 NAME		
STREET ADDRESS	2010 COVE COURT	3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	SWEARINGEN, BERT	4.2 NAME		
STREET ADDRESS	1105 GULF OAKS DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MILES, ERLE	5.2 NAME		
STREET ADDRESS	3148 CRESCENT OAKS BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	5.4 CITY-ST-ZIP		
TITLE	SD	6.1 TITLE		☐ Change ☐ Addition
NAME	ROSQUIST, MARGE	6.2 NAME		
STREET ADDRESS	3214 SALISBURY DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL	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: Rev. Bert C. Swearingen President 01/23/95 (813) 937-3795
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Date — Telephone Number

00203104