

# 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 # **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**

3. Date Incorporated or Qualified  
**09/28/1976**

3a. Date of Last Report  
**01/30/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**T  
ST. ARNOLD, LAURA  
772 CHESAPEAKE DRIVE  
TARPON SPRINGS FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**D  
KLEIN, EDWARD  
3229 SPANISH MOSS LANE  
PALM HARBOR FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**VD  
ENGLUND, JEAN  
2010 COVE COURT  
HOLIDAY FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**PD  
SWEARINGEN, BERT  
1105 GULF OAKS DRIVE  
TARPON SPRINGS FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**D  
MILES, ERLE  
3148 CRESCENT OAKS BLVD  
TARPON SPRINGS FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**SD  
ROSQUIST, MARGE  
3214 SALISBURY DRIVE  
HOLIDAY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

**D  
Cleo Evans  
609 N. Mayo  
Crystal Beach, FL., 34681**

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

**VD  
William Bloodgood  
779 Brittany Park Blvd.  
Tarpon Springs, FL., 34689**

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

**SD  
Dorothy Clay  
649 Palm Av.  
Tarpon Springs, FL., 34689**

☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

**D  
Donald Brown  
201 Bay St.  
Tarpon Springs, FL., 34689**

☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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:

*Bert C. Swearingen - P.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96

Date

937-3795

Daytime Phone #

CR2E037 (12/95)