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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **736904** (4)
1. Corporation Name

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

Principal Place of Business 409 WHITCOMB BLVD. TARPON SPRINGS FL 34689-2605	Mailing Address 409 WHITCOMB BLVD. TARPON SPRINGS FL 34689-2605
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3. Date Incorporated or Qualified

09/28/1976

4. FEI Number

59-1649665

Applied For

Not Applicable

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

24 25 29 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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **T
NELL SETTLE
1506 POINSETTIA AVE
TARPON SPRINGS FL**

TITLE ☐ DELETE

NAME **D
EVANS, CLEO
609 N. MAYO
CRYSTAL BEACH FL**

TITLE ☐ DELETE

NAME **VD
BLOODGOOD, WILLIAM
779 BRITTANY PARK BLVD
TARPON SPRINGS FL**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **SD
CLAY, DOROTHY
649 PALM AV.
TARPON SPRINGS FL**

TITLE ☒ DELETE

NAME **D
BROWN, DONALD
201 BAY ST
TARPON SPRINGS FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TD

**NELL SETTLE
1501 PINE DR. 34689
TARPON SPRINGS, FL.,**

D

**JACK WESTLAKE
2419 SAN LUIS RD. HOLIDAY FL 34691**

14. I hereby certify that the information supplied with this filing 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: *[Signature]* **NATURE REQUIRED**

January 12, 1998

813-937-3795

CR2E037 (10/97)