

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 736904**

1. Entity Name

THE CHURCH ON THE BAYOU PRESBYTERIAN CHURCH (U.S

Principal Place of Business

**409 WHITCOMB BLVD.
TARPON SPRINGS FL 34689-2605**

Mailing Address

**409 WHITCOMB BLVD.
TARPON SPRINGS FL 34689-2605**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1649665

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE CHURCH ON THE BAYOU
PRESBYTERIAN CHURCH
409 WHITCOMB BOULEVARD
TARPON SPRINGS FL 34689**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SETTLE, NELL
1501 PINE DR
TARPON SPRINGS FL 34689** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WESTLAKE, JACK
2419 SAN LUIS RD
HOLIDAY FL 34691** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Dr. Carl H. vom Eigen
1006 Osprey Crt.
Tarpon Springs, FL., 34689** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
DEBOEY, JERRY
4842 ODYSSEY AVE
HOLIDAY FL 34691** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ENGLUND, JEAN
405 CROSSWINDS DR.
PALM HARBOR FL 34683** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Charline Clarke
39650 US 19 #576
Tarpon Springs, FL., 34678** ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MALCOLM, EDITH
111 BAY STREET
TARPON SPRINGS FL 34689** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Dorothy Clay
649 Palm Ave.
Tarpon Springs, FL., 34689** ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROWN, DONALD
201 BAY ST
TARPON SPRINGS FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Carl H. vom Eigen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 Jan 01

727-937-3795

Date

Daytime Phone #

CR2E037 (10/00)