

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90066 049 ****61.25

DOCUMENT # 736904

1. Entity 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

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	SETTLE, NELL	
STREET ADDRESS	1501 PINE DR	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	VOM EIGEN, CARL H DR.	
STREET ADDRESS	1008 OSPREY CRT	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DEBOEY, JERRY	
STREET ADDRESS	4842 ODYSSEY AVE	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARKE, CHARLINE	
STREET ADDRESS	39650 US 19 #576	
CITY-ST-ZIP	TARPON SPRINGS FL 34678	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLAY, DOROTHY	
STREET ADDRESS	849 PALM AVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, DONALD	
STREET ADDRESS	201 BAY ST	
CITY-ST-ZIP	TARPON SPRINGS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Neef	
STREET ADDRESS	502 S. Florida Ave.	
CITY-ST-ZIP	Tarpon Springs, FL., 34689	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hal Ifft	
STREET ADDRESS	3240 Jackson Dr.	
CITY-ST-ZIP	Holiday, FL., 34691	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Richards	
STREET ADDRESS	1410 Poinsettia Ave.	
CITY-ST-ZIP	Tarpon Springs, FL., 34689	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 VOM EIGEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E037 (9/01)