

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90023 048 ****61.25

DOCUMENT # 736904

1. Entity 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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
NAME **NEEF, BILL**
STREET ADDRESS **502 S. FLORIDA AVE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **D** ☐ Delete
NAME **VOM EIGEN, CARL H DR.**
STREET ADDRESS **1006 OSPREY CRT**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **VD** ☐ Delete
NAME **IFFT, HAL**
STREET ADDRESS **3240 JACKSON DR**
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE **D** ☒ Delete
NAME **CLARKE, CHARLINE**
STREET ADDRESS **39650 US 19 #576**
CITY-ST-ZIP **TARPON SPRINGS FL 34678**

TITLE **SD** ☒ Delete
NAME **CLAY, DOROTHY**
STREET ADDRESS **649 PALM AVE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **D** ☐ Delete
NAME **RICHARDS, STEVE**
STREET ADDRESS **1410 POINSETTIA AVE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Cornelius, Geraldine**
STREET ADDRESS **1105 Beaver Dr.**
CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE ☒ Change ☐ Addition
NAME **Jean Englund**
STREET ADDRESS **405 Cross Winds**
CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Bill Neef
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #