

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90030 008 ****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



1st MOORE

CR2E037 (10/04)

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

Jean S. Englund

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

405 Crosswinds Dr.

Palm Harbor, FL 34683

City

FL

Zip Code
34683

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

Jean S. Englund

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, 2005**

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	<input type="checkbox"/> Delete
NAME	NEEF, BILL	
STREET ADDRESS	502 S. FLORIDA AVE	
CITY- ST- ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	VOM EIGEN, CARL H DR.	
STREET ADDRESS	1006 OSPREY CRT	
CITY- ST- ZIP	TARPON SPRINGS FL 34689	
TITLE	VD	<input type="checkbox"/> Delete
NAME	IFFT, HAL	
STREET ADDRESS	3240 JACKSON DR	
CITY- ST- ZIP	HOLIDAY FL 34691	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORNELIUS, GERALDIN	
STREET ADDRESS	1105 BEAVER DR.	
CITY- ST- ZIP	TARPON SPRINGS FL 34689	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ENGLUND, JEAN	
STREET ADDRESS	405 CROSS WINDS	
CITY- ST- ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Jean S. Englund JEAN S. ENGLUND

1-26-05

727-937-3937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #