

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2006 8:00 am**  
**Secretary of State**

08-11-2006 90004 015 \*\*\*\*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

30025103



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07172006

Chg-NP

CR2E037 (4/06)

City & State

City & State

4. FEI Number

59-1649665

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ENGLUND, JEAN S  
405 CROSSWINDS DR  
PALM HARBOR, FL 34683

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

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☒ Change ☐ Addition  
NAME Nancy O'Connell  
STREET ADDRESS 1059 A Dun Robin Dr  
CITY-ST-ZIP Palm Harbor, FL 34684

TITLE D ☐ Delete  
NAME CORNELIUS, GERALDIN  
STREET ADDRESS 1105 BEAVER DR.  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

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

TITLE SD ☒ Delete  
NAME ENGLUND, JEAN  
STREET ADDRESS 405 CROSS WINDS  
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE ☒ Change ☐ Addition  
NAME Nancy Brown  
STREET ADDRESS 1706 Grand 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

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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 Aug. 06

727-937-3795