

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90102 047 \*\*\*\*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**

**70012304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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. 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**

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 **SETTLE, NELL**  
STREET ADDRESS **1501 PINE DR**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **TD** ☒ Change ☐ Addition  
NAME **Bill Neef**  
STREET ADDRESS **502 S. Florida Avenue**  
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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **DEBOEY, JERRY**  
STREET ADDRESS **4842 ODYSSEY AVE**  
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE **VD** ☒ Change ☐ Addition  
NAME **Hal Ifft**  
STREET ADDRESS **3240 Jackson Drive**  
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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE **D** ☐ Delete  
NAME **BROWN, DONALD**  
STREET ADDRESS **201 BAY ST**  
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **D** ☒ Change ☐ Addition  
NAME **Steve Richards**  
STREET ADDRESS **1410 Poinsettia Avenue**  
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)(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:

*Signature of Registered Agent*

15 Jan 03

727-937-3795

CR2E037 (10/02)