SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN 21 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04817 (5)

1. Corporation Name

EAST LAKE ROAD BAPTIST CHURCH OF TARPON SPRINGS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O WILLIAM SHADRICK 1190 EAST LAKE ROAD SOUTH TARPON SPRINGS FL 34689 US	C/O WILLIAM SHADRICK 1190 EAST LAKE ROAD SOUTH TARPON SPRINGS FL 34689 US

3. Date Incorporated or Qualified: 08/22/1984
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2466252 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**
8. The corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

MORRISON, GENE E.
1190 E. LAKE ROAD, SOUTH
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	SHADRICK, WILLIAM	12 NAME	
STREET ADDRESS	2201 TONIWOOD LANE	13 STREET ADDRESS	
CITY ST ZIP	PALM HARBOR FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MORRISON, GENE	22 NAME	
STREET ADDRESS	3581 FAIRWAY FOREST DR	23 STREET ADDRESS	
CITY ST ZIP	PALM HARBOR FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MONNIER, TED	32 NAME	
STREET ADDRESS	1845 MCCAULEY ROAD	33 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WHISHER, RON	42 NAME	
STREET ADDRESS	3336 MASTERS DRIVE	43 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	44 CITY ST ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	MILLER, HAROLD	52 NAME	
STREET ADDRESS	3071 POINTER DRIVE	53 STREET ADDRESS	
CITY ST ZIP	PALM HARBOR FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Gene E Morrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016072