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May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90177 003 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N04817

1. Corporation Name

EAST LAKE ROAD BAPTIST CHURCH OF TARPON SPRINGS,  
INC.

Principal Place of Business

G/O OWLETT-STUART  
1190 EAST LAKE ROAD SOUTH  
TARPON SPRINGS FL 34689  
US

Mailing Address

G/O STUART OWLETT  
1190 EAST LAKE ROAD SOUTH  
TARPON SPRINGS FL 34689  
US

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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/22/1984

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

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

MARLIN ADAMS

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

7329 CAPTIVA CIRCLE

83

84 City

NEW PORT RICHEY

FL

85 Zip Code

34655

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

05-07-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D MONNIER, TED  
STREET ADDRESS 1845 MCCAULEY ROAD  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME D WHISHER, RON  
STREET ADDRESS 3336 MASTERS DRIVE  
CITY-ST-ZIP CLEARWATER FL

TITLE ☒ DELETE

NAME TD MILLER, HAROLD  
STREET ADDRESS 3071 POINTER DRIVE  
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME T TODD WENDT  
1.3 STREET ADDRESS 8735 NEW BROOK LANE  
1.4 CITY-ST-ZIP NEW PORT RICHEY FL 34654

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 if changed, upon an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-9-99

CR2E037 (1/98)