

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

05-13-2004 90013 050 \*\*\*\*61.25

**DOCUMENT # N04817**

1. Entity Name

**EAST LAKE ROAD BAPTIST CHURCH OF TARPON  
SPRINGS, INC.**



Principal Place of Business

**1190 EAST LAKE ROAD SOUTH  
TARPON SPRINGS FL 34688  
US**

Mailing Address

**1190 EAST LAKE ROAD SOUTH  
TARPON SPRINGS FL 34688  
US**

04054201



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2466252**

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

**ADAMS, MARLIN  
7329 CAPTIVA CIR  
NEW PORT RICHEY FL 34655**

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  
Due By May 1, 2004**

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 ☒ Delete  
NAME ADAMS, MARLIN  
STREET ADDRESS 7329 CAPTIVA CIR.  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

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

TITLE ☒ Delete  
NAME TUCKER, JUSTIN  
STREET ADDRESS 4116 SALEM PARKWAY  
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☒ Change ☐ Addition  
NAME TUCKER, JUSTIN  
STREET ADDRESS 4116 SALEM SQUARE PKWY  
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE ☒ Delete  
NAME SUDLER, RUSS  
STREET ADDRESS 1077 GLENWOOD DR  
CITY-ST-ZIP DUNEDIN FL 34698

TITLE ☒ Change ☒ Addition  
NAME GIAR, TOM  
STREET ADDRESS 1525 RIVERDALE DR  
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE ☒ Delete  
NAME WHISHER, ANN  
STREET ADDRESS 99 DOLPHIN DR. N.  
CITY-ST-ZIP CLEARWATER FL 33677

TITLE ☒ Change ☒ Addition  
NAME MARSLAND, LEN  
STREET ADDRESS 3301 ALT 19 NORTH LOT 126  
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME JEFFERS, HELEN  
STREET ADDRESS 2308 FORECASTLE DR  
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME MOORE, VIVIAN  
STREET ADDRESS 1074 FARMINGDALE LANE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

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:

*Marlin L. Adams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-04 727-372-8014  
Date Daytime Phone #