

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 8:00 am
Secretary of State

01-24-2005 90040 012 ****70.00

DOCUMENT # N17032

1. Entity Name
CHURCH OF CHRIST OF TARPON SPRINGS, INC.



Principal Place of Business
**570 E ORANGE STREET
TARPON SPRINGS, FL 34689**

Mailing Address
**%JAMES BRYAN, SR.
2546 BRYAN LANE
TARPON SPRINGS, FL 34689**

66003968



DO NOT WRITE IN THIS SPACE

01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2788480

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRYAN, JAMES, SR.
2546 BRYAN LANE
TARPON SPRINGS, FL 34689**

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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 JAMES BRYAN SR James W Bryan Sr 3/2/05
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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **BRYAN, JAMES, SR.**
STREET ADDRESS **2546 BRYAN LANE**
CITY-ST-ZIP **TARPON SPRINGS, FL**

TITLE **D**
NAME **HARRACKS, ROBERT A**
STREET ADDRESS **1923 CEMETARY RD.**
CITY-ST-ZIP **HOLIDAY, FL**

TITLE **D**
NAME **CHISAM, DONALD P**
STREET ADDRESS **5013 PERENNIAL DRIVE**
CITY-ST-ZIP **HOLIDAY, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: JAMES BRYAN SR James W Bryan Sr 3/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR