

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90097 032 ****61.25

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



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Church of Christ

Suite, Apt. #, etc.

P.O. Box 742

City & State

TARPON SPRINGS, FL

Zip

34688

Country

FLORIDA

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

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

James A. Bryan

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

CK-#1042

10. OFFICERS AND DIRECTORS

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME William A. Matthews
STREET ADDRESS 6900 PIN CHERRY LN
CITY-ST-ZIP Port Richey, FL 34668

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Robert A. Harracks* Robert A. HARRACKS 2/3/06 727-937-0843