

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000001198 (9)

1. Corporation Name

EAST LAKE PRESBYTERIAN CHURCH, INC.



Principal Place of Business

Mailing Address

40347 US HWY 19 N.
SUITE 117
TARPON SPRINGS FL 34689

40347 US HWY 19 N.
SUITE 117
TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified
03/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **505 EAST LAKE RD., N**

26 **505 EAST LAKE RD., N**

4. FEI Number

59-3306197

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 **TARPON SPRINGS, FL.**

28 **TARPON SPRINGS, FL.**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 **34689**

25 **USA**

29 **34689**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, PEYTON
40347 US HWY 19 N.
SUITE 117
TARPON SPRINGS FL 34689

81 Name

JOHNSON, PEYTON

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

505 EAST LAKE ROAD, N.

83

84 City

TARPON SPRINGS,

FL

85 Zip Code
34689

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

PEYTON JOHNSON

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KOCH, JAMES	
STREET ADDRESS	3226 CRESCENT OAKS BLVD.	
CITY - ST - ZIP	TARPON SPRINGS FL 34689	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MCBEE, ROBERT	
STREET ADDRESS	3167 EDMOND DR.	
CITY - ST - ZIP	PALM HARBOR FL 34685	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SMEAD, ELEANOR	
STREET ADDRESS	1515 BAYSHORE BLVD. #35	
CITY - ST - ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	HOMER
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	BOIS, HOMER
53 STREET ADDRESS	1243 MARAQUITA DR.
54 CITY - ST - ZIP	NEW PORT RICHEY, FL. 34655
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	DVP
63 STREET ADDRESS	CHARLES STEWART
64 CITY - ST - ZIP	4051 EAGLE COVE DR. EAST PALM HARBOR, FL 34685

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)(k), 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, or on an attachment with an address.

SIGNATURE:

HOMER BOIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 (813)
Date

372-6798
Daytime Phone #

CR2E037 (12/95)