

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY - 1 AM 10: 15

DOCUMENT # **700334** (6)

1. Corporation Name
FAITH EVANGELICAL LUTHERAN CHURCH OF NEW PORT RICHEY, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
5443 SUNSET ROAD NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/18/1960** 3a. Date of Last Report **04/20/1994**
4. FEI Number **23-7040425** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199 (32) Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPEAR, ELMER W
823 E MAIN ST
NEW PT RICHEY FL 34652**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **KURY, RUDY**
STREET ADDRESS **2733 WHETHER DRIVE**
CITY - ST - ZIP **HOLIDAY FL**
TITLE **VP**
NAME **VIAU, ALEXANDER**
STREET ADDRESS **6330 BARIEN WAY**
CITY - ST - ZIP **SPRING HILL FL**
TITLE **D**
NAME **BROCK, JERRY**
STREET ADDRESS **7951 TEAL DR**
CITY - ST - ZIP **NEW PORT RICHEY FL**
TITLE **D**
NAME **VEREYEN, WILLIAM**
STREET ADDRESS **2133 PEPPERELL DR**
CITY - ST - ZIP **NEW PORT RICHEY FL**
TITLE **FS**
NAME **WRIGHT, GRACE**
STREET ADDRESS **5438 TENNESSEE AVE**
CITY - ST - ZIP **NEW PORT RICHEY FL**
TITLE **D**
NAME **LONG, RONALD**
STREET ADDRESS **4808 ORANGE DR.**
CITY - ST - ZIP **HOLIDAY FL**

1.1 TITLE **D** Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE **VP, D** Change Addition
2.2 NAME **Jack Rasey**
2.3 STREET ADDRESS **11320 Versailles Lane**
2.4 CITY - ST - ZIP **Port Richey, FL 34668**
3.1 TITLE **D** Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE **D** Change Addition
4.2 NAME **Virginia Prevot**
4.3 STREET ADDRESS **5453 Drinkard Dr.**
4.4 CITY - ST - ZIP **New Port Richey, FL 34653-6245**
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *Jerry J. Brock* **Treasurer**
JERRY J. BROCK

4-2295 849-4418