

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 # 700334 (6)

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



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

3. Date Incorporated or Qualified **01/18/1960** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		23-7040425		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		25	
Zip	Country	Zip	Country	29	30		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURY, RUDY	1.2 NAME	McVey, James
STREET ADDRESS	2733 WHETHER DRIVE	1.3 STREET ADDRESS	14246 Spanish Wells Dr
CITY-ST-ZIP	HOLIDAY FL	1.4 CITY-ST-ZIP	Hudson, FL 34667
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASEY, JACK	2.2 NAME	
STREET ADDRESS	11320 VERSAILLES LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, JERRY	3.2 NAME	
STREET ADDRESS	7951 TEAL DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREVOT, VIRGINIA	4.2 NAME	Vreeland, Sandra
STREET ADDRESS	5453 DRINKARD DR	4.3 STREET ADDRESS	6100 Seaside Dr
CITY-ST-ZIP	N. PORT RICHEY FL	4.4 CITY-ST-ZIP	New Port Richey, FL 34652
TITLE	FS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, GRACE	5.2 NAME	
STREET ADDRESS	5438 TENNESSEE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, RONALD	6.2 NAME	
STREET ADDRESS	4806 ORANGE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	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 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: Jerry J Brock Date: 3-21-96 Daytime Phone #: 813-861-8501

CR2E037 (12/95)