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**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90075 039 \*\*\*\*\*70.00

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 700334**

1. Corporation Name

**FAITH EVANGELICAL LUTHERAN CHURCH OF NEW PORT RICHEY, FLORIDA**

Principal Place of Business

5443 SUNSET ROAD  
 NEW PORT RICHEY FL 34652

Mailing Address

5443 SUNSET ROAD  
 NEW PORT RICHEY FL 34652



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

01/18/1960

22 City & State

27 City & State

4. FEI Number

Applied For

23-7040425

Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROCK, JERRY**  
 7951 TEAL DR  
 NEW PT RICHEY FL 34653

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  DELETE  
 NAME **MCVEY, JAMES**  
 STREET ADDRESS **14246 SPANISH WELLS DR**  
 CITY-ST-ZIP **HUDSON FL**

1.1 TITLE **D**  Change  Addition  
 1.2 NAME **Robert Ferguson**  
 1.3 STREET ADDRESS **2235 Arcaolia Rd**  
 1.4 CITY-ST-ZIP **Holiday, FL 34690**

TITLE **D**  DELETE  
 NAME **BROCK, JERRY**  
 STREET ADDRESS **7951 TEAL DR**  
 CITY-ST-ZIP **NEW PORT RICHEY FL**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **S**  DELETE  
 NAME **MASLOWSKI, DOROTHY**  
 STREET ADDRESS **4713 FLORAMAR TERR**  
 CITY-ST-ZIP **NEW PORT RICHEY FL**

3.1 TITLE **S**  Change  Addition  
 3.2 NAME **Rosemary Kluber**  
 3.3 STREET ADDRESS **12230 Magnolia Grove Ln**  
 3.4 CITY-ST-ZIP **Bayonet Point, FL 34667**

TITLE **D**  DELETE  
 NAME **PATSCHLE, JEAN**  
 STREET ADDRESS **4611 STONEHAVEN PL**  
 CITY-ST-ZIP **NEW PORT RICHEY FL**

4.1 TITLE **D**  Change  Addition  
 4.2 NAME **Robert Hunter**  
 4.3 STREET ADDRESS **8004 Jasmin Blvd.**  
 4.4 CITY-ST-ZIP **Port Richey, FL 34668**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver of the corporation.

CR2E037 (11/98)