

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90031 028 ****70.00

DOCUMENT # 700334

1. Entity Name

FAITH EVANGELICAL LUTHERAN CHURCH OF NEW PORT RICHEY, FLORIDA

Principal Place of Business

Mailing Address

**5443 SUNSET ROAD
 NEW PORT RICHEY FL 34652**

**5443 SUNSET ROAD
 NEW PORT RICHEY FL 34652**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7040425

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **FERGUSON, ROBERT**
 STREET ADDRESS **2235 ARACOLIA RD**
 CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **President** Change Addition
 NAME **Robert T. Klee**
 STREET ADDRESS **2432 Lake Haven Dr**
 CITY-ST-ZIP **New Port Richey, FL 34655**

TITLE **T** Delete
 NAME **DAVIS, CLARA**
 STREET ADDRESS **6828 RIVER RD**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AT** Delete
 NAME **LASH, WILLIAM**
 STREET ADDRESS **4122 PECOS DR**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **Treasurer** Change Addition
 NAME **Lash, William**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **KLEE, ROBERT**
 STREET ADDRESS **2432 LAKE HAVEN DR**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **VP** Change Addition
 NAME **Vaccant**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AT** Change Addition
 NAME **Sharon Rubia**
 STREET ADDRESS **7913 Deerfoot Dr.**
 CITY-ST-ZIP **New Port Richey, FL 346**

TITLE Delete
 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 exemption stated in Section 119.07(3)(i), 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: **SIGNATURE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 **727-849-4418**
 Date Daytime Phone #

CR2E037 (9/01)