


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 700334**

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



Principal Place of Business      Mailing Address

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

**DO NOT WRITE IN THIS SPACE**



01282005 No Chg-NP CR2E037 (10/03)

4. FEI Number **23-7040425**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLLAND, BETTY 5611 BAROQUE DR. HOLIDAY, FL 34690
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLIFIELD, VENTON 8441 RED ROE DR. NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD DASO, GRACE 4522 SEAGULL DR., APT. 815 NEW PORT RICHEY, FL 34652
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**DO NOT WRITE IN THIS SPACE**

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:** *Betty J. Holland, Treasurer*      *2/3/05*      *727-849-4418*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #