

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90409 032 ****70.00

DOCUMENT # 704787

1. Entity Name
FELLOWSHIP BAPTIST CHURCH OF NEW PORT RICHEY, FLORIDA, INCORPORATED



Principal Place of Business
**5940 MASSACHUSETTS AVE.
 NEW PORT RICHEY, FL 34652**

Mailing Address
**5940 MASSACHUSETTS AVE.
 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

03222006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2403844

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GORDON, BARRY
 5700 BAY BLVD
 PORT RICHEY, FL 34668**

7. Name and Address of New Registered Agent

Name **Tim Boone**
 Street Address (P.O. Box Number is Not Acceptable)
5232 Marine Parkway
Newport Richey
 City **FL** Zip Code **34652**

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 *Tim Boone* Tim Boone 3/28/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T Delete
 TITLE NAME **PEAK, LISA**
 STREET ADDRESS **7819 RAINTREE DR.**
 CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

Change Addition

D Delete
 TITLE NAME **MANTER, BILL**
 STREET ADDRESS **6905 ELDERBERRY DR.**
 CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

Change Addition
 TITLE NAME **James Orndorff**
 STREET ADDRESS **6919 Mesa Verde St**
 CITY-ST-ZIP **Port Richey, FL 34668**

S Delete
 TITLE NAME **HICKS, LILA**
 STREET ADDRESS **5542 CHIPPER DR**
 CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

Change Addition

D Delete
 TITLE NAME **LECHNER, DAVE**
 STREET ADDRESS **4912 URANUS**
 CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

Change Addition
 TITLE NAME **Rocky Dottoli**
 STREET ADDRESS **6324 Patella Ave**
 CITY-ST-ZIP **Newport Richey, FL 34653**

D Delete
 TITLE NAME **BOONE, TIM**
 STREET ADDRESS **5232 MARINE PARKWAY**
 CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

Change Addition
 TITLE NAME **Steve Hajj**
 STREET ADDRESS **1548 Debonair Dr**
 CITY-ST-ZIP **Holiday, FL 34690**

P Delete
 TITLE NAME **GORDON, BARRY**
 STREET ADDRESS **5700 BAY BLVD**
 CITY-ST-ZIP **PT RICHEY, FL**

Change Addition
 TITLE NAME **Tim Boone**
 STREET ADDRESS **5232 Marine Parkway**
 CITY-ST-ZIP **Newport Richey, FL 34652**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Tim Boone* Tim Boone 03/27/06 8484593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date