

DOCUMENT # 708310

1. Entity Name

COMMUNITY CONGREGATIONAL CHURCH OF NEW PORT RICHEY

FILED

00 MAR -1 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business 6533 CIRCLE BLVD NEW PORT RICHEY FL 34652 US		Mailing Address 6533 CIRCLE BLVD NEW PORT RICHEY FL 34652-2324 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2269070		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WORTH, RAYMOND S 6802 CRANBERRY DR. NEW PORT RICHEY FL 34653		7. Name and Address of New Registered Agent Name Barbara Ries Street Address (P.O. Box Number is Not Acceptable) 4224 Sunray Dr. City Holiday FL Zip Code 34691	
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 <u>Barbara Ries</u> Barbara Ries		1-23-2000	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, MARGARETTE 9200 PROSPERITY LANE PORT RICHEY FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAYMOND, WORTH 6802 CRANBERRY DR. NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Barbara Ries 4224 Sunray Dr. Holiday FL 34691 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT AHLGREN, RAYMOND 3553 ODOM DR NEW PORT RICHEY FL 34652 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Jane Davis 3420 Ottway Dr Holiday FL 34691-1523 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAMAN, BETTY 9714 SHAMOKIN LANE PORT RICHEY FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Betty L. Braman 9714 Shamokin LN Port Richey, FL 34668 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (9/99)

KE