

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708310

FILED  
Mar 19, 2004  
Secretary of State

**Entity Name:** COMMUNITY CONGREGATIONAL CHURCH OF NEW PORT RICHEY, FLORIDA, OF THE UNITED CHURCH OF CHRIST, INC.

**Current Principal Place of Business:**

6533 CIRCLE BLVD  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

**Current Mailing Address:**

6533 CIRCLE BLVD  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

**FEI Number:** 59-2269070      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARNARD, ROBERT L  
8108 HUTCHINSON DR  
NEW PORT RICHEY, FL 34653 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: BARNARD, ROBERT L  
Address: 8108 HUTCHINSON DR  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: FS ( ) Delete  
Name: HITCHCOCK, LORETTA  
Address: 13928 TALMAGE LOOP  
City-St-Zip: HUDSON, FL 34667

Title: DM ( ) Delete  
Name: DAVIS, JANE  
Address: 3420 OTTWAY DR  
City-St-Zip: HOLIDAY, FL 346911523

Title: SD ( ) Delete  
Name: SWEENEY, CHRIS  
Address: 7310 CYPRESS KNOLL  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: AT ( ) Delete  
Name: HEABLER, HARVEY  
Address: 5026 SERENE RD  
City-St-Zip: NEW PORT RICHEY, FL 34653

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DM (X) Change ( ) Addition  
Name: BUTLER, CHESTER  
Address: 10810 JASON ROAD  
City-St-Zip: PORT RICHEY, FL 34668

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L BARNARD

TD

03/19/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date