2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# 708310

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:	BUTLER, CHESTER	
Address:	10810 JASON ROAD	
City-St-Zip:	PORT RICHEY, FL 34668	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 04/18/2005

Electronic Signature of Signing Officer or Director — Date