2003 NOT-FOR-PROFIT CORPORATION

Jan 15, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N11505 1. Entity Name 01-15-2003 90316 023 ****61.25 RIVER ROAD CHURCH OF CHRIST OF NEW PORT RICHEY. INC. Principal Place of Business Mailing Address C/O CHRIS E. STEELE C/O CHRIS E. STEELE 6767 RIVER ROAD 6767 RIVER ROAD **NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2260136 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEELE, CHRIS E. Street Address (P.O. Box Number is Not Acceptable) 6767 RIVER ROAD NEW PORT RICHEY FL 34652 Zip Code 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 14.37 SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61,25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Addition NAME CLARK, CHANDLER G. NAME STREET ADDRESS 5132 IDLEWILD ST. STREET ADDRESS CITY-ST-ZIF NEW PORT RICHEY FL CITY-ST-ZIP DP TITLE ☐ Delete TITLE Change Addition NAME FORTNEY, ROGER NAME STREET ADDRESS 4960 WELLBROOK DR. STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME LINGER, STEPHEN L. STREET ADDRESS 7316 ABINGTON AVE STREET ADDRESS CITY-ST-7IP NEW PORT RICHEY FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STEELE, CHRIS E. NAME STREET ADDRESS 9531 SHAMOKIN LANE STREET ADDRESS CITY-ST-ZIP PORT RICHEY FL 34668 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

FILED

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TOBER FORTNEY 01-12-03 727 849 595 1