

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 704787 (1)**

1. Corporation Name

**FELLOWSHIP BAPTIST CHURCH OF NEW PORT RICHEY, FL  
ORIDA, INCORPORATED**



Principal Place of Business

**5940 MASSACHUSETTS AVE  
NEW PORT RICHEY FL 34652**

Mailing Address

**5940 MASSACHUSETTS AVE  
NEW PORT RICHEY FL 34652**

3. Date Incorporated or Qualified  
**11/09/1962**

3a. Date of Last Report  
**01/25/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2403844**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☒ DELETE  
NAME PHILLIPS, ANNA M.  
STREET ADDRESS 5835 VIRGINIA AVE.  
CITY-ST-ZIP N PT RICHEY FL

1.1 TITLE T ☒ Change ☐ Addition  
1.2 NAME Phillips, David  
1.3 STREET ADDRESS 7930 Klant Ct.  
1.4 CITY-ST-ZIP New Port Richey, Fl 34653

D ☒ DELETE  
NAME WEISS, DALE  
STREET ADDRESS 8745 BASS LAKE DR  
CITY-ST-ZIP NEW PORT RICHEY FL

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME Gauthier, Joe  
2.3 STREET ADDRESS 7940 Plathe Rd.  
2.4 CITY-ST-ZIP New Port Richey, Fl. 34653

S ☒ DELETE  
NAME MILLS, DEBBIE  
STREET ADDRESS 9465 LAKEVIEW DR  
CITY-ST-ZIP N PT RICHEY, FL 00000

3.1 TITLE S ☒ Change ☐ Addition  
3.2 NAME Phillips, Loraine  
3.3 STREET ADDRESS 7930 Klant Ct.  
3.4 CITY-ST-ZIP New Port Richey, Fl. 34653

T ☒ DELETE  
NAME GIBBS, DORIS  
STREET ADDRESS 3440 BROOKSTON DR.  
CITY-ST-ZIP HOLIDAY FL

4.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME Mills, Steve  
4.3 STREET ADDRESS 9465 Lakeview Dr.  
4.4 CITY-ST-ZIP New Port Richey, Fl. 34654

D ☐ DELETE  
NAME PHILLIPS, STEPHEN  
STREET ADDRESS 7930 KLANT CT.  
CITY-ST-ZIP NEW PT RICHEY FL

5.1 TITLE D ☒ Change ☐ Addition  
5.2 NAME Phillips, Stephen  
5.3 STREET ADDRESS 7930 Klant Ct.  
5.4 CITY-ST-ZIP New Port Richey, Fl 34653

P ☐ DELETE  
NAME GORDON, BARRY  
STREET ADDRESS 5700 BAY BLVD  
CITY-ST-ZIP PT RICHEY FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
**300001755793  
-03/25/96--01031--027  
\*\*\*\$1.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)