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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **704787** (1)

1. Corporation Name

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

Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified **11/09/1962** 3a. Date of Last Report **03/25/1996**

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 29. Country

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	
TITLE	T <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, ANNA M.	1.2 NAME	DAVID PHILLIPS
STREET ADDRESS	7930 KLANT CT.	1.3 STREET ADDRESS	7930 KLANT CT.
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34653
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUTHIER, JOE	2.2 NAME	JOE HICKS
STREET ADDRESS	7940 PLATHE RD.	2.3 STREET ADDRESS	5542 CHIPPER DR.
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34652
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, LORAIN	3.2 NAME	Lila L. Hicks
STREET ADDRESS	7930 KLANT CT.	3.3 STREET ADDRESS	5542 CHIPPER DR
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	3.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, STEVE	4.2 NAME	
STREET ADDRESS	9465 LAKEVIEW DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, STEPHEN	5.2 NAME	TIM BOONE
STREET ADDRESS	7930 KLANT CT.	5.3 STREET ADDRESS	7349 ALDERMAN LN
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	5.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34653
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, BARRY	6.2 NAME	
STREET ADDRESS	5700 BAY BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PT RICHEY FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

CP2E037 (9/96)