

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704787

1. Entity Name

FELLOWSHIP BAPTIST CHURCH OF NEW PORT RICHEY, FL

Principal Place of Business

5940 MASSACHUSETTS AVE.
NEW PORT RICHEY FL 34652

Mailing Address

5940 MASSACHUSETTS AVE.
NEW PORT RICHEY FL 34652

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2403844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORDON, BARRY
5700 BAY BLVD
PORT RICHEY FL 34668

Name

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

City

FL

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.

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME T
STREET ADDRESS BOONE, WENDY
CITY-ST-ZIP 5232 MARINE PARKWAY
NEW PORT RICHEY FL 34652

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS LONG, MIKE
CITY-ST-ZIP 6941 ECHO LAKE DR
NEW PORT RICHEY FL 34653

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS HICKS, LILA L
CITY-ST-ZIP 5542 CHIPPER DR
NEW PORT RICHEY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME ~~D~~
STREET ADDRESS ~~MILLS, STEVE~~
CITY-ST-ZIP ~~3170 BATTEN RD~~
~~BROOKSVILLE FL 34602~~

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS ROCKY DETOLI
CITY-ST-ZIP 6324 PATELLA DR.
NEW PORT RICHEY, FL 34653

TITLE ☐ Delete
NAME D
STREET ADDRESS BOONE, TIM
CITY-ST-ZIP 5232 MARINE PARKWAY
NEW PORT RICHEY FL 34652

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barry Gordon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01 (72) 848-4543
Date Daytime Phone #

CR2E037 (10/00)