

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90033 020 ****61.25

DOCUMENT # 714987
1. Entity Name
**FIRST PRESBYTERIAN CHURCH OF PORT RICHEY,
INC.**



Principal Place of Business Mailing Address
**7540 RIDGE RD
PORT RICHEY FL 34668** **7540 RIDGE RD
PORT RICHEY FL 34668**

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 Applied For
59-1638754 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
**PALMESE, MARTHA
9211 GLEN MOOR LANE
PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW - FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	WESTRATE, HAROLD	
STREET ADDRESS	9444 STONEWALL LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAVID, HARRINGTON	
STREET ADDRESS	11000 SALT TREE DRIVE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	T	<input type="checkbox"/> Delete
NAME	PALMESE, MARTHA	
STREET ADDRESS	9211 GLEN MOOR LN	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	VT	<input type="checkbox"/> Delete
NAME	KEMPF, ROBERT	
STREET ADDRESS	8105 BULL RUN DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MONTALDI, CAROL	
STREET ADDRESS	9311 HILLTOP DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	TP	<input type="checkbox"/> Delete
NAME	LEATHERBERRY, DOROTHY V	
STREET ADDRESS	6220 TOWER DR	
CITY-ST-ZIP	HUDSON FL 34667	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALY, FAY	
STREET ADDRESS	3815 Lighthouse Way	
CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Martha Palmese*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-05 (727) 841-7337
Date Daytime Phone #