

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

FILED

95 JAN 25 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700322 (1)
1. Corporation Name
FIRST CHRISTIAN CHURCH OF NEW PORT RICHEY, FLORIDA, INC.

Principal Place of Business Mailing Address
6219 RIVER RD. NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 01/14/1960 3a. Date of Last Report 01/25/1994
4. FEI Number 59-1859075 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

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 Country 29 Zip Country
24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent
MOORE, C.A.
6219 RIVER ROAD
NEW PORT RICHEY FL 34652

10. Name and Address of Now Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	LONG, RAYMOND C
STREET ADDRESS	6234 OLD TRAIL
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	D
NAME	RAGSDALE, ROBERT
STREET ADDRESS	6121 BEST DRIVE
CITY-ST-ZIP	PORT RICHEY FL
TITLE	D
NAME	SHIELDS, JAMES
STREET ADDRESS	6740 NORTH CONGRESS
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	TD
NAME	SIMPSON, WALTER
STREET ADDRESS	11204 TAMARIX AVE.
CITY-ST-ZIP	PORT RICHEY FL
TITLE	S
NAME	SMITH, RICHARD
STREET ADDRESS	6745 LIDDELL DRIVE
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Donald R. Bond	
1.3 STREET ADDRESS	6705 Damascus St.	
1.4 CITY-ST-ZIP	Port Richey, FL 34668	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 110.07(3)(b), 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: Donald R. Bond Donald R. Bond 1/20/95 (813) 849-1251
Chairman of Board