FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1997 8:00am

Secretary of State

2/13/97 (813)849-1251

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

CITY-ST-ZIP

SIGNATURE:

(1)

FIRST CHRISTIAN CHURCH OF NEW PORT RICHEY, FLORI DA, INC.

Principal Place of Business		Mailing Address				i (Maril 168) datit motos šitio iista tibi stari kišti mini dinit atos dinit indi	
6219 RIVER RD. NEW PORT RICHEY FL 34652		6219 RIVER RD. NEW PORT RICHEY FL 34652-2516					
					3. Date incorporated or Qualified 01/14/1960	3a. Date of Last Report 04/30/1996	
2. Principal P	lace of Business	2a. Malling Address		····	4. FEI Number	Applied For	
21		26		59-1859075	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		E. Contillegate of Otation Destroy	\$8.75 Additional		
22		27			5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	′	8. This corporation has liability for		
24	9. Name and Address of Curre	29 3	0		Florida Statutes 10. Name and Address of New Re		
	p. Hamo Ello Modiosa di Califo	nt nogistored Agent	81	Name	10. Halife and standard of Harry His	3011	
MOODE CA				<u> </u>			
MOORE, C.A. 6219 RIVER ROAD			82	Street /	Address (P.O. Box Number is Not Acceptal	ole)	
NEW PORT RICHEY FL 34652			83				
INLA T	JOHN WOLLEY I E CTOOL						
			64	City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statutes	, the abov	e-named	corporation submits this statement for the	purpose of changing its registered	
agent. La	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida, Such Change was au- gations of, Section 617.0503, Flori	da Statute	e. A tue cout	corporation submits this statement for the poration's board of directors. I hereby acce	bt the appointment as redistered	
SIGNATURE .						·	
40	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE: I ND DIRECTORS		ent signature	required when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	
12.	C OFFICERS AF	DELETE DELETE	13.		ADDITIONS/CHANGES TO OFFI	Change Addition	
NAME	LONG, RAYMOND C	CT better	1,2 NAME			C. Ologo C. Manion	
STREET ADDRESS	6705 DAMASCUS ST.			ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL		1.4 CITY - 1	١		• •	
TITLE	D	DELETE	2.1 TITLE	21 -£11		Change Addition	
NAME	RAGSDALE, HOBERT		2.2 NAME				
STREET ADDRESS	6121 BEST DRIVE	•	2.3 STREET	ADORESS		:	
CITY-ST-ZIP	PORT RICHEY FL		2.4 CMY-	ST-ZIP	<u> </u>		
TITLE	D	☐ DELETE	3.1 TITLE			Change Addition	
NAME	SHIELDS, JAMES		3.2 NAME				
STREET ADDRESS	6740 NORTH CONGRESS		3.3 STREET	T ADDRESS			
CITY-SY-ZIP	NEW PORT RICHEY FL		3.4. CITY-	ST-ZIP			
TITLE	TD	☐ DELETE	4.1 TITLE			Change Addition	
NAME	SIMPSON, WALTER		4. 2 NAME				
STREET ADDRESS	11204 TAMARIX AVE.		1	T ADDRESS		4	
CITY-ST-ZIP	PORT RICHEY FL	☐ DELETE	4.4 CITY - 1	ST-ZIP		Change Addition	
TITLE	DAVIS, OARA M		5.1 TITLE 5.2 NAME			in the involution	
NAME STREET ADDRESS	5238 PEACOCK DRIVE G-2			F ADDRESS			
CITY-ST-ZIP	HOUDAY FL		5.3 STREET				
TITLE	TIVUVALLE	☐ DELETE	6.1 TITLE	31 - LIF		Change Addition	
NAME		F-1 9-00-1-	6.2 NAME				
STREET ADDRESS				T ADDRESS			
1 3	i						

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)(i), Fiorida 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.