

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90159 007 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 700322**

1. Corporation Name

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

Principal Place of Business

6219 RIVER RD.  
 NEW PORT RICHEY FL 34652

Mailing Address

6219 RIVER RD.  
 NEW PORT RICHEY FL 34652



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/14/1960

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

9. Name and Address of Current Registered Agent

MOORE, C.A.  
 6219 RIVER ROAD  
 NEW PORT RICHEY FL 34652

10. Name and Address of New 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 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

TITLE C  DELETE  
 NAME LONG, RAYMOND C  
 STREET ADDRESS 6705 DAMASCUS ST.  
 CITY-ST-ZIP PORT RICHEY FL

TITLE D  DELETE  
 NAME RAGSDALE, HOBERT  
 STREET ADDRESS 6121 BEST DRIVE  
 CITY-ST-ZIP PORT RICHEY FL

TITLE D  DELETE  
 NAME SHIELDS, JAMES  
 STREET ADDRESS 6740 NORTH CONGRESS  
 CITY-ST-ZIP NEW PORT RICHEY FL

TITLE TD  DELETE  
 NAME SIMPSON, WALTER  
 STREET ADDRESS 11204 TAMARIX AVE.  
 CITY-ST-ZIP PORT RICHEY FL

TITLE S  DELETE  
 NAME DAVIS, OARA M  
 STREET ADDRESS 5238 PEACOCK DRIVE G-2  
 CITY-ST-ZIP HOLIDAY FL

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME Simpson, Walter  
 4.3 STREET ADDRESS 11204 Tamarix Ave.  
 4.4 CITY-ST-ZIP Port Richey, FL 34668

5.1 TITLE  Change  Addition  
 5.2 NAME Darrell Maxey  
 5.3 STREET ADDRESS 6147 River Rd  
 5.4 CITY-ST-ZIP New Port Richey, FL 34652

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*Raymond C. Long*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond C. Long

2/5/99

727-849-1251

Date

Daytime Phone #

CR2E037 (11/98)