

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90062 043 ****61.25

DOCUMENT # 700322

1. Entity Name

FIRST CHRISTIAN CHURCH OF NEW PORT RICHEY, FLORI

Principal Place of Business

Mailing Address

6219 RIVER RD.
 NEW PORT RICHEY FL 34652

6219 RIVER RD.
 NEW PORT RICHEY FL 34652

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1859075

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

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

Name

Darrell W. Maxey

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

7603 Nebraska Ave.

City

New Port Richey

FL

Zip Code
34653

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 Darrell W. Maxey

Signature, typed or printed name of registered agent and title if applicable.

X Darrell W. Maxey

(NOTE: Registered Agent signature required when re-registering)

1/23/01

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 NAME	C LONG, RAYMOND C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6705 DAMASCUS ST.	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE NAME	D RAGSDALE, HOBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6121 BEST DRIVE	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE NAME	D SIMPSON, WALTER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	11204 TAMARIX AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34668	
TITLE NAME	TD SIMPSON, WALTER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	11204 TAMARIX AVE.	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE NAME	S DAVIS, OARA M	<input type="checkbox"/> Delete
STREET ADDRESS	5238 PEACOCK DRIVE G-2	
CITY-ST-ZIP	HOLIDAY FL	
TITLE NAME	T MAXEY, DARRELL	<input type="checkbox"/> Delete
STREET ADDRESS	6147 RIVER RD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

TITLE NAME	C Maxey, Darrell W.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7603 Nebraska Ave.	
CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE NAME	S/D Banta, Paul	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5206 Peacock Dr.	
CITY-ST-ZIP	Holiday, FL 34690	
TITLE NAME	D Crim, Jack	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7124 Lofty Dr.	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE NAME	D Smith, Bill	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9866 Osceola Dr.	
CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE NAME	D Davis, Ora	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5236 Peacock Dr.	
CITY-ST-ZIP	Holiday, FL 34690	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

(Signature) BANTA

1-23-2001

727-939-1281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)