

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90119 004 \*\*\*\*61.25

**DOCUMENT # 700322**

1. Entity Name

**FIRST CHRISTIAN CHURCH OF NEW PORT RICHEY, FLORIDA, INC.**

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

Zip

Country

Zip

Country

4. FEI Number

**59-1859075**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAXEY, DARRELL W**  
**7603 NEBRASKA AVE.**  
**NEW PORT RICHEY FL 34653**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>MAXEY, DARRELL W</b>	
STREET ADDRESS	<b>7603 NEBRASKA AVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>BANTA, PAUL</b>	
STREET ADDRESS	<b>5208 PEACOCK DRIVE</b>	
CITY-ST-ZIP	<b>HOLIDAY FL 34690</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CRIM, JACK</b>	
STREET ADDRESS	<b>7124 LOFTY DR.</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34668</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, BILL</b>	
STREET ADDRESS	<b>9866 OSCEOLA DRIVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34654</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DAVIS, ORA</b>	
STREET ADDRESS	<b>5236 PEACOCK DR.</b>	
CITY-ST-ZIP	<b>HOLIDAY FL 34690</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MAXEY, DARRELL</b>	
STREET ADDRESS	<b>6147 RIVER RD</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	

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	
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STREET ADDRESS	
CITY-ST-ZIP	
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: **DARRELL MAXEY** *Darrell W Maxey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-16-02 727-842-6570**

Date

Daytime Phone #

CRE037 (9/01)