

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 03, 2004
Secretary of State**

DOCUMENT# 700322

Entity Name: FIRST CHRISTIAN CHURCH OF NEW PORT RICHEY, FLORIDA, INC.

Current Principal Place of Business:

6219 RIVER RD.
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

6219 RIVER RD.
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-1859075 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXEY, DARRELL W
7603 CYPRESS KNOLL DR
NEW PORT RICHEY, FL 34653

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MAXEY, DARRELL W
Address: 7603 CYPRESS KNOLL DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: BANTA, PAUL
Address: 5206 PEACOCK DR
City-St-Zip: HOLIDAY, FL 34690

Title: D () Delete
Name: CRIM, JACK
Address: 7124 LOFTY DR.
City-St-Zip: NEW PORT RICHEY, FL 34668

Title: TD () Delete
Name: SMITH, BILL
Address: 9866 OSCEOLA DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: T () Delete
Name: MAXEY, DARRELL
Address: 6147 RIVER RD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD (X) Delete
Name: GINYI, DON
Address: 5362 PEACOCK DR
City-St-Zip: HOLIDAY, FL 34690

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: MAXEY, DARRELL W
Address: 7603 CYPRESS KNOLL DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: CRIM, JACK
Address: 7124 LOFTY DR.
City-St-Zip: NEW PORT RICHEY, FL 34668

Title: D (X) Change () Addition
Name: SMITH, BILL
Address: 9866 OSCEOLA DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK CRIM

Electronic Signature of Signing Officer or Director

CD

05/03/2004

Date