2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700322

FILED Apr 14, 2005 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

6219 RIVER RD.

NEW PORT RICHEY, FL 34652

Current Mailing Address: New Mailing Address:

6219 RIVER RD

NEW PORT RICHEY, FL 34652

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAXEY, DARRELL W CRIM, JACK L 7603 CYPRESS KNOLL DR 7124 LOFTY DR.

NEW PORT RICHEY, FL 34653 US PORT RICHEY, FL 34668 US

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: JACK L. CRIM 04/14/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VD () Delete Title: D (X) Change () Addition

Name: MAXEY, DARRELL W Name: MACLEAN, KEVIN Address: 7603 CYPRESS KNOLL DR Address: 4648 SALVIA ST.

City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete Title: D (X) Change () Addition Name: BANTA, PAUL Name: VERRONE, RALPH

Address: 5206 PEACOCK DR Address: 9240 ST. REGIS LANE
City-St-Zip: HOLIDAY, FL 34690 City-St-Zip: PORT RICHEY, FL 34668

Title: CD () Delete Title: () Change () Addition

 Name:
 CRIM, JACK
 Name:

 Address:
 7124 LOFTY DR.
 Address:

 City-St-Zip:
 NEW PORT RICHEY, FL 34668
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 SMITH, BILL
 Name:
 BEATY, EARL

 Address:
 9866 OSCEOLA DR
 Address:
 5332 PEACOCK DR. N-2

City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: HOLIDAY, FL 34690

 Name:
 MAXEY, DARRELL
 Name:

 Address:
 6147 RIVER RD
 Address:

 City-St-Zip:
 NEW PORT RICHEY, FL 34652
 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 L. CRIM CD 04/14/2005