## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 700322**

FILED Mar 27, 2006 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:

CRIM, JACK L EDWARDS, CHARLES H 7124 LOFTY DR. 4121 PERRY PLACE

PORT RICHEY, FL 34668 US NEW PORT RICHEY, FL 34652 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: CHARLES H. EDWARDS 03/27/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 MACLEAN, KEVIN
 Name:
 MACLEAN, KEVIN

 Address:
 4648 SALVIA ST.
 Address:
 4648 SALVIA ST.

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

Address: 9240 ST. REGIS LANE Address: 9240 ST. REGIS LANE
City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: PORT RICHEY, FL 34668

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

 Name:
 CRIM, JACK
 Name:
 FINCKE, RICH

 Address:
 7124 LOFTY DR.
 Address:
 7424 COMPTON AVE.

City-St-Zip: NEW PORT RICHEY, FL 34668 City-St-Zip: NEW PORT RICHEY, FL 34655

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf E} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

 Name:
 BEATY, EARL
 Name:
 HIRSCHBERG, SCOTT

 Address:
 5332 PEACOCK DR. N-2
 Address:
 7406 ABINGTON AVE.

 City-St-Zip:
 HOLIDAY, FL 34690
 City-St-Zip:
 NEW PORT RICHEY, FL 34655

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

Title: ( ) Delete Title: C ( ) Change (X) Addition
Name: Name: EDWARDS, CHARLES H
Address: 4121 PERRY PLACE

City-St-Zip: City-St-Zip: NEW PORT RICHEY, FL 334652

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CHARLES H. EDWARDS C 03/27/2006