2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2007 8:00 am

DOCUMENT # 700322 LIFE POINT CHRISTIAN CHURCH OF NEW PORT RICHEY, INC. Principal Place of Business 6219 RIVER RD. NW PORT RICHEY, IT. 34652 Z. Pilicipal Place of Business 6219 RIVER RD. NW PORT RICHEY, IT. 34652 Z. Pilicipal Place of Business 6219 RIVER RD. NW PORT RICHEY, IT. 34652 Z. Pilicipal Place of Business 6219 RIVER RD. NW PORT RICHEY, IT. 34652 Z. Pilicipal Place of Business 6219 RIVER RD. NW PORT RICHEY, IT. 34652 Z. Pilicipal Place of Business 6219 RIVER RD. NW PORT RICHEY R. Australi Port For Additional of Status Desired See Additional Place Recognition 6. Name and Address of Current Registrand Agent 1. Name and Address of New Registrand Agent 1. Name and Ad								,	Secret	arv	of St	ate
NEW PORT RICHEY, FL 34652 2. Principal Place of Business - No P.O. Box # 3. Melling Actiness Subs. Apr. #, etc.	1. Entity Name LIFE POINT CHRISTIAN CHURCH OF NEW PORT									•		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O4232007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-1859075 Not Applicable 59-1859075 Not Applicab	6219 RIVER RD. 62			i219 river Rd.								
Cay & State City & State Country Country City & State	2. Principal F	Place of Business - No P.O. Box #	3. Maili	3. Mailing Address								
Sp. 1859075 Mol Applicable Sp. 1859075 Mol Applicable Sp. 1859075 Mol Applicable Sp. 1859075 Mol Applicable Sp. 1859075 Sp	Suite, Apt. #, etc.			Suite, Apt. #, etc.				04232007	Chg-NP	CR2E	37 (12/06)	
B. Name and Address of Current Registered Agent 7. Name and Address of the Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the colligators of registered agent. 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. I am familiar with, and accept the colligators of registered agent. 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. I am familiar with, and accept the colligators of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the colligators of registered agent. 8. The Addition of registered agent. 8. The Addition of registered agent. 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 9. Addition of Florida Department of State Florida Departme									075		— — — — — — — — — — — — — — — — — — —	`
Name Councids Charles Harden Ha	Zip		<u> </u>					5. Certificate o	f Status Desired			
EDWARDS, CHARLES H 4121 PERRY PLACE NEW PORT, RICHEY, FL 34652 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or boin, in the State of Florida. I am familiar with, and accept the colligations of registered agent. 8. Signature: FL 2p Code 27 Hz 2p Code 2p Hz 2p Code 2p Hz 2p Code 2p Hz 2p Code 2p Hz 2p Hz		6. Name and Address of Current I	Registere	d Agent				7. Name and A	ddress of New	Registered	Agent	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu	4121 PER	RY PLACE IT RICHEY, FL 34652		Street A	Edwards, Charles IT Address (P.O. Box Number is Not Acceptable)							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu						New Port Richey			FI	Zip Cod	le くろ	
TITLE NAME MACLEAN, KEVIN STREET ADDRESS CITY-ST-ZIP FOR PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP FOR PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34655 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34651 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34651 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34651 TITLE NAME STREET ADDRESS CITY	Signature, typed or drinted name of registered agent and bile if applicable. (NOTE: Registered Agent signature re-						_	\$5.00 May Be		Make chec		
TITLE NAME MACLEAN, KEVIN STRETADORESS GA88 SALVIA ST. NEW PORT RICHEY, FL 34652 TITLE VERRONE, RALPH 9240 ST. REGIS LANE PORT RICHEY, FL 34668 TITLE FINCKE, RICH FINCKE, R	10.	OFFICERS AND DIR	ECTORS		11.			ADDITIONS/CHAI	NGES TO OFFIC	ERS AND D	IRECTORS IN	110
NAME SIRET ADDRESS CITY-ST-ZIP PORT RICHEY, FL 34668 ITILE E FINCKE, RICH SIRET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34655 ITILE NAME HIRSCHBERG, SCOTT T406 ABINGTON AVE. CITY-ST-ZIP NEW PORT RICHEY, FL 34655 CITY-ST-ZIP ITILE C SIRET ADDRESS CITY-ST-ZIP ITILE NAME SIRET ADDRESS CITY-ST-ZIP ITILE C SIRET ADDRESS CITY-ST-ZIP ITILE NAME SIRET ADDRESS CITY-ST-ZIP ITILE NAM	NAME STREET ADDRESS	V MACLEAN, KEVIN 4648 SALVIA ST.		☐ Delete	NAME STREET ADDRESS							
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TITLE	NAME STREET ADDRESS	EDWARDS, CHARLES H 4121 PERRY PLACE	OWARDS, CHARLES H 21 PERRY PLACE		NAME STREE			xurds, Cha 8 Summer Port Riche	urles H tree Lus	1653	Change	☐ Addition
	NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied with	this filing r		NAME Stree City-	ET ADDRESS ST-ZIP						

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 of 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 vitit as address, with all other like empowered.

SIGNATURE:

Daytime Phone #