


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90200 008 ****61.25

DOCUMENT # 700322	
1. Entity Name LIFE POINT CHRISTIAN CHURCH OF NEW PORT RICHEY, INC.	

Principal Place of Business 6219 RIVER RD. NEW PORT RICHEY, FL 34652	Mailing Address 6219 RIVER RD. NEW PORT RICHEY, FL 34652
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40080110



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04232007 Chg-NP CR2E037 (12/06)

City & State	City & State
Zip	Country
Zip	Country

4. FEI Number 59-1859075	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
EDWARDS, CHARLES H 4121 PERRY PLACE NEW PORT RICHEY, FL 34652

7. Name and Address of New Registered Agent
Name <u>Edwards, Charles H</u>
Street Address (P.O. Box Number is Not Acceptable) <u>7618 Summertree Ln</u>
City <u>New Port Richey</u> FL Zip Code <u>34653</u>

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 obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MACLEAN, KEVIN <input type="checkbox"/> Delete 4648 SALVIA ST. NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E VERRONE, RALPH <input checked="" type="checkbox"/> Delete 9240 ST. REGIS LANE PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E FINCKE, RICH <input checked="" type="checkbox"/> Delete 7424 COMPTON AVE. NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E HIRSCHBERG, SCOTT <input type="checkbox"/> Delete 7406 ABINGTON AVE. NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C EDWARDS, CHARLES H <input type="checkbox"/> Delete 4121 PERRY PLACE NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Edwards, Charles H <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7618 Summertree Ln New Port Richey FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [Signature] _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____