

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90298 045 \*\*\*\*61.25

**DOCUMENT # 700322**

1. Entity Name  
**FIRST CHRISTIAN CHURCH OF NEW PORT RICHEY, FLORI  
DA, INC.**

Principal Place of Business: **6219 RIVER RD.  
NEW PORT RICHEY FL 34652**

Mailing Address: **6219 RIVER RD.  
NEW PORT RICHEY FL 34652**

2. Principal Place of Business: Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address: Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **59-1859075** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**MAXEY, DARRELL W  
7603 NEBRASKA AVE.  
NEW PORT RICHEY FL 34653**

7. Name and Address of New Registered Agent  
Name: **maxey, Darrell W.**  
Street Address (P.O. Box Number is Not Acceptable): **7603 Cypress Knoll Dr.**  
City: **New Port Richey** FL Zip Code: **34653**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>C</b>	<input type="checkbox"/> Delete	TITLE: <b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MAXEY, DARRELL W</b>		NAME: <b>Maxey, Darrell W.</b>	
STREET ADDRESS: <b>7603 NEBRASKA AVE</b>		STREET ADDRESS: <b>7603 Cypress Knoll Dr.</b>	
CITY-ST-ZIP: <b>NEW PORT RICHEY FL 34653</b>		CITY-ST-ZIP: <b>New Port Richey, FL 34653</b>	
TITLE: <b>SD</b>	<input type="checkbox"/> Delete	TITLE: <b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BANTA, PAUL</b>		NAME: <b>Bank, Paul</b>	
STREET ADDRESS: <b>5206 PEACOCK DRIVE</b>		STREET ADDRESS: <b>5206 Peacock Dr.</b>	
CITY-ST-ZIP: <b>HOLIDAY FL 34690</b>		CITY-ST-ZIP: <b>Holiday, FL 34690</b>	
TITLE: <b>D</b>	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>CRIM, JACK</b>		NAME:	
STREET ADDRESS: <b>7124 LOFTY DR.</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>NEW PORT RICHEY FL 34668</b>		CITY-ST-ZIP:	
TITLE: <b>D</b>	<input type="checkbox"/> Delete	TITLE: <b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SMITH, BILL</b>		NAME: <b>Smith, Bill</b>	
STREET ADDRESS: <b>9866 OSCEOLA DRIVE</b>		STREET ADDRESS: <b>9866 Osceola Drive</b>	
CITY-ST-ZIP: <b>NEW PORT RICHEY FL 34654</b>		CITY-ST-ZIP: <b>New Port Richey, FL 34654</b>	
TITLE: <b>T</b>	<input checked="" type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MAXEY, DARRELL</b>		NAME:	
STREET ADDRESS: <b>6147 RIVER RD</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>NEW PORT RICHEY FL 34652</b>		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE: <b>S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		NAME: <b>Gray, Don</b>	
STREET ADDRESS:		STREET ADDRESS: <b>5362 Peacock Dr.</b>	
CITY-ST-ZIP:		CITY-ST-ZIP: <b>Holiday, FL 34690</b>	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: \_\_\_\_\_ **RECEIVED** 4/22/03 727-849-1251

CR2E037 (10/02)