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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702186

1. Corporation Name

BOULEVARD BIBLE CHURCH OF NEW PORT RICHEY, FLOR

Principal Place of Business 5718 GRAND BV 5750 LOUISIANA AVE NEW PORT RICHEY FL 34668 IIS Mailing Address

5750 LUISIANA AVE NEW PORT RICHEY FL 34652

US

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2. Principal Pi	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualified			
21		26 5750 Louis	<u>siana</u>	 	03/23/1961			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	ļ <u>.</u>	Applied For	
22		27			59-1516704		Not Applicable	
City & State	e	City & State			5. Certificate of Status Desired	T	5 Additional Required	
Zip	Country	Zip	Cou	ntry	6. Election Campaign Financing		00 May Be	
24 34652 25 29 30								
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis	stered Agent		
				81 Name	James Schwarm-Trus	tee Chai	rman .	
DOYLE, DANIEL				82 Street Address (P.O. Box Number is Not Acceptable)				
7701 BIRCHWOOD DRIVE				9142 Brooker Drive				
PORT RICHEY FL				83				
1 0111 1110				84 City		85	Zip Code	
				New Port Richey				
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida State	utes, the a	bove-named	corporation submits this statement for the purporation's board of directors. I hereby accept the	ose of changing	its registered	
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	r Florida. Such change was ons of, Sectiop₂617.0503, Fl	autnorizet Iorida Stat	i by the corpo utes.	oration's board of directors, I hereby accept the	s appointment a	a registered	
SIGNATURE	James Stehn	//	Ja	mes S	S. Schwarm, Jr. /	13-99		
SIGNATURE	Signature, typed or printed name of registered agent a	and title it applicable. (NO	rE: Registered	Agent signature re	equired when reinstating)	AIE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	FS	☐ DELETE	1.1 TI	rle (T	☐ Char	nge Addition	
NAME	WEBER, MARGUERITE		1.2 N	WE	Sullivan, Barbara			
STREET ADDRESS	3808 GRAYTON DR		1.3 ST	REET ADDRESS	7420 Chairman Court			
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 C	TY-ST-ZIP	Port Richey, FL 34668			
TITLE	D	₹] DELETE	2.1 Tr	TLE	D	☐ Char	nge 🖫 Addition	
NAME	SPRAGUE, RICHARD		2.2 N	AME	Roberts, Donald			
STREET ADDRESS	7125 CUTTYSARK DR.		2.3 \$	REET ADORESS	10308 Andre Blvd.			
CITY-ST-ZIP	PT. RICHEY FL 34668		2.40	STY-ST-ZIP	Hudson, FL 34667	<u> </u>		
TITLE	D	₹ DELETE	3.1 7	TLE	D .	☐ Char	nge X Addition	
NAME	SCOTT, DALLAS		3.2 N	AME	St. Arno, Bud	-	-	
STREET ADDRESS	1915 RALLY LANE		3.3 8	REET ADDRESS	6809 Willits Avenue		•	
CITY-ST-ZIP	HOLIDAY FL		3.4. C	ITY-ST-ZIP	New Port Richey, FL 346	555		
TITLE	D	☐ DELETE	4.1 17	TLE		Char	nge	
NAME	SCHWARM, JAMES		4. 2 N	AME .				
STREET ADDRESS	9142 BROOKER DR		4.3 S	REET ADDRESS				
CITY-ST-ZIP	NEW PT. RICHEY FL 34655			TY-ST-ZIP				
TITLE	C	☐ DELETE	5.1 TI			Cha	nge Addition	
NAME	HERBERT, HAROLD		5.2 N	ME				
STREET ADDRESS	419 WESTSIDE DR		5.3 S	TREET ADDRESS				
CITY-ST-ZIP	NEW PT RICHEY FL		5.4 C	TY-ST-ZIP (
TITLE	D	☆ DELETE	6.1 TI			Cha	nge Addition	
NAME	DOYLE, DAN		6.2 N	NME		-		
			6.3 S	TREET ADDRESS				
STREET ADDRESS	7/01 DINGTHOOD UN.			TV ST ZID				

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Madde MU.T. St. St. QUDonald Roberts

1/13/99

727-863-3571

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