

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90004 011 ****70.00

DOCUMENT # 702186

1. Entity Name

BOULEVARD BIBLE CHURCH OF NEW PORT RICHEY, FLOR

Principal Place of Business

5750 LOUISIANA AVE
 NEW PORT RICHEY FL 34652
 US

Mailing Address

5750 LOUISIANA AVE
 NEW PORT RICHEY FL 34652
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1516704

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWAM, JAMES (Delete)
9142 BROOKER DR.
NEW PORT RICHEY FL 34655

Name *Milton W. Heim*

Street Address (P.O. Box Number is Not Acceptable)

5377 Peacock Dr

Holiday

City

FL

Zip Code

34690

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS WEBER, MARGUERITE 3808 GRAYTON DR NEW PORT RICHEY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SULLIVAN, BARBARA 7420 CHAIRMAN CT PT. RICHEY FL 34668	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, DONALD 10308 ANDRE BLVD HUDSON FL 34667	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWAM, JAMES 9142 BROOKER DR NEW PT. RICHEY FL 34655	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HERBERT, HAROLD 419 WESTSIDE DR NEW PT RICHEY FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAMER, JERRY 9851 OSCEOLA DR. NEW PORT RICHEY FL 34654	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition <i>Treasurer</i> <i>Turner, Brenda</i> <i>8350 Liman Dr</i> <i>New Port Richey, FL-34653</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition <i>D</i> <i>Godbold, Merle</i> <i>7838 Aden Loop</i> <i>New Port Richey, FL 34655</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition <i>C</i> <i>Heim, Milton</i> <i>5377 Peacock Dr.</i> <i>Holiday, FL 34690</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition <i>D</i> <i>Berglund, Paul</i> <i>4317 McClung Dr.</i> <i>New Port Richey, FL 34655</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition <i>D</i> <i>Force, Bill</i> <i>5413 Palm Dr.</i> <i>N.P.R. FL. 34652</i>

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: *Milton W. Heim*

9/5/2001 727-945-9254

CR2E037 (5/01)