

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90002 025 ****61.25

DOCUMENT # 702186 1. Entity Name BOULEVARD BIBLE CHURCH OF NEW PORT RICHEY, FLORIDA					
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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1516704	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BERGLUND, PAUL G REV SAND PEBBLE POINTE 8244 AQUILA ST PORT RICHEY, FL 34668				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ 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 September 8, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, CORINNE 8402 LIMAN DR. NEW PORT RICHEY, FL 34653	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kibbe, George 5638 Oakridge New Port Richey, FL 34652	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TURNER, BRENDA 8350 LIMAN DRIVE NEW PORT RICHEY, FL 34653	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODBOLD, MERLE 7838 ADEN LOOP NEW PORT RICHEY, FL 34655	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HEIM, MILTON 5377 PEACOCK DRIVE HOLIDAY, FL 34690	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Berglund, Pierrette Sand Pebble Point 8244 Aquila Dr. Port Richey, FL 34668	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERGLUND, PAUL G REV SAND PEBBLE PT 8244 AQUILA ST PORT RICHEY, FL 34668	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORCE, BILL 5413 PALM DRIVE NEW PORT RICHEY, FL 34652	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lanzafame, Sam 9200 Tiara Ct. New Port Richey, FL 34655	☐ Change ☒ Addition
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 supplementary 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: <i>Paul G Berglund</i> 7/16/04 849-5969					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					