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

DOCUMENT # 702186

1. Entity Name



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90067 006 ****61.25

| BOULEVAR IDA | RD BIBLE CHURCH OF NEW | 01- | -09-2003 90007 00 | 0. | 1.23 | | | |
|---|---|---|--|--|---|--------------------|-------------------------|--|
| 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 Pl | ace of Business | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | ☐ CHEC | CHECK HERE IF MAKING CHANGES | | | |
| City & State | • | City & State | | 4. FEI Number 59-15 | 35 13 10 104 | | olied For Applicable | |
| Zip Country | | Zip Country . | | 5. Certificate of Status I | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | |
| | 6. Name and Address of Current I | Registered Agent | | 7. Name and Address of New Registered Agent | | | | |
| HOLIDAY FL 34690 | | | | Street Address (P.O. Box Number is Not Acceptable) Sand Pebble Pointe Salut Aguila St. City FL Zip Code 34668 office or registered agent, or both, in the State of Florida. I am familiar with, and accept | | | | |
| SIGNATURE | Signature, typed or printed arms of registered agent series. | 9. Election Campa Trust Fund Con | aign Financing | CRCV Paul G.B. ure required when reinstating) \$5.00 May Be Added to Fees | Make Check F Florida Departm | Payable t | | |
| 10 | OFFICERS AND DIF | RECTORS | 11. | ADDITIONS/CHANGES TO | OFFICERS AND DIRE | CTORS IN | 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TURNER, CORINNA 8402 LIMAN DR. NEW PORT RICHEY FL 34653 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Turner, Corinne 8402 Liman Dr. New Port Rickey | | | 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 | | С | 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 | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BERGLUND, PAUL 4317 MCCLUNG DRIVE NEW PORT RICHEY FL 34655 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Pastor Rev. Paul & Berglun Sand Rebble Points 8244 Aquila St. | d e Port Richey, F | X Change 1. 346 | 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 | | | 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 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;