

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704787 (1)

1. Corporation Name

**FELLOWSHIP BAPTIST CHURCH OF NEW PORT RICHEY, FL
ORIDA, INCORPORATED**



Principal Place of Business

Mailing Address

**5940 MASSACHUTTES AVE
NEW PORT RICHEY FL 34652**

**5940 MASSACHUTTES AVE
NEW PORT RICHEY FL 34652**

3. Date Incorporated or Qualified
11/09/1962

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

4. FEI Number

59-2403844

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GORDON, BARRY
5700 BAY BLVD
PORT RICHEY FL 34668**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, ANNA M.	
STREET ADDRESS	5835 VIRGINIA AVE.	
CITY-ST-ZIP	N PT RICHEY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEISS, DALE	
STREET ADDRESS	8745 BASS LAKE DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MILLS, DEBBIE	
STREET ADDRESS	9465 LAKEVIEW DR	
CITY-ST-ZIP	N PT RICHEY, FL 00000	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GIBBS, DORIS	
STREET ADDRESS	3440 BROOKSTON DR.	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHILLIPS, STEPHEN	
STREET ADDRESS	7930 KLANT CT.	
CITY-ST-ZIP	NEW PT RICHEY FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GORDON, BARRY	
STREET ADDRESS	5700 BAY BLVD	
CITY-ST-ZIP	PT RICHEY FL	

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Phillips, David	
1.3 STREET ADDRESS	7930 Klant Ct.	
1.4 CITY-ST-ZIP	New Port Richey, Fl 34653	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gauthier, Joe	
2.3 STREET ADDRESS	7940 Plathe Rd.	
2.4 CITY-ST-ZIP	New Port Richey, Fl. 34653	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Phillips, Loraine	
3.3 STREET ADDRESS	7930 Klant Ct.	
3.4 CITY-ST-ZIP	New Port Richey, Fl. 34653	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mills, Steve	
4.3 STREET ADDRESS	9465 Lakeview Dr.	
4.4 CITY-ST-ZIP	New Port Richey, Fl. 34654	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Phillips, Stephen	
5.3 STREET ADDRESS	7930 Klant Ct.	
5.4 CITY-ST-ZIP	New Port Richey, Fl 34653	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	300001755793	
6.3 STREET ADDRESS	-03/25/96--01031--027	
6.4 CITY-ST-ZIP	***61.25	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Barry Gordon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry Gordon

1-22-96

Date

(813) 878-4523

Daytime Phone #

CR2E037 (12/95)