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FILED
Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704787 (1)
1. Corporation Name
FELLOWSHIP BAPTIST CHURCH OF NEW PORT RICHEY, FL ORIDA, INCORPORATED



Principal Place of Business 5940 MASSACHUTTES AVE NEW PORT RICHEY FL 34852	Mailing Address 5940 MASSACHUTTES AVE NEW PORT RICHEY FL 34852
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3. Date Incorporated or Qualified 11/09/1962	3a. Date of Last Report 03/25/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 59-2403844	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent
**GORDON, BARRY
5700 BAY BLVD
PORT RICHEY FL 34668**

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, ANNA M.
STREET ADDRESS	7930 KLANT CT.
CITY-ST-ZIP	NEW PORT RICHEY FL 34853
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GAUTHIER, JOE
STREET ADDRESS	7940 PLATHE RD.
CITY-ST-ZIP	NEW PORT RICHEY FL 34853
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, LORAIN
STREET ADDRESS	7930 KLANT CT.
CITY-ST-ZIP	NEW PORT RICHEY FL 34853
TITLE	D <input type="checkbox"/> DELETE
NAME	MILLS, STEVE
STREET ADDRESS	9485 LAKEVIEW DR.
CITY-ST-ZIP	NEW PORT RICHEY FL 34854
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, STEPHEN
STREET ADDRESS	7930 KLANT CT.
CITY-ST-ZIP	NEW PORT RICHEY FL 34853
TITLE	P <input type="checkbox"/> DELETE
NAME	GORDON, BARRY
STREET ADDRESS	5700 BAY BLVD
CITY-ST-ZIP	PT RICHEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVID PHILLIPS
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	JOE HICKS
2.3 STREET ADDRESS	5542 CHIPPER DR.
2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34652
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lila L. Hicks
3.3 STREET ADDRESS	5542 CHIPPER DR
3.4 CITY-ST-ZIP	New Port Richey, FL 34652
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TIM BOONE
5.3 STREET ADDRESS	7349 ALDERMAN LN
5.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34653
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

CP2E037 (9/96)