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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 34652	Mailing Address 5940 MASSACHUTTES AVE NEW PORT RICHEY FL 34652
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3. Date Incorporated or Qualified
11/09/1962

4. FEI Number
59-2403844

Applied For	Not Applicable
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No *element*

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. City	
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 type="checkbox"/> DELETE
NAME	PHILLIPS, DAVID	
STREET ADDRESS	7930 KLANT COURT	
CITY-ST-ZIP	NEW PORET RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HICKS, JOE	
STREET ADDRESS	5542 CHIPPER DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HICKS, LILA L	
STREET ADDRESS	5542 CHIPPER DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLS, STEVE	
STREET ADDRESS	9465 LAKEVIEW DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOONE, TIM	
STREET ADDRESS	7349 ALDERMAN LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
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	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STEPHEN PHILLIPS	
1.3 STREET ADDRESS	7930 KLANT CT.	
1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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.

SIGNATURE: *[Signature]* SIGNATURE **BARRY GORDON** President 1-7-98 (813) 848-4573

CR2E037 (10/97)