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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704787

1. Corporation Name

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

Principal Place of Business

5940 MASSACHUSETTS AVE.
NEW PORT RICHEY FL 34652

Mailing Address

5940 MASSACHUSETTS AVE.
NEW PORT RICHEY FL 34652



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/09/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2403844
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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 type="checkbox"/> DELETE	1.1 TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIPS, DAVID	1.2 NAME	Phillips, Stephen
STREET ADDRESS	7930 KLANT COURT	1.3 STREET ADDRESS	7930 Klant Ct
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	New Port Richey, FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	HICKS, JOE	2.2 NAME	
STREET ADDRESS	5542 CHIPPER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	HICKS, LILA L	3.2 NAME	
STREET ADDRESS	5542 CHIPPER DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	MILLS, STEVE	4.2 NAME	
STREET ADDRESS	9465 LAKEVIEW DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	BOONE, TIM	5.2 NAME	
STREET ADDRESS	7349 ALDERMAN LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	GORDON, BARRY	6.2 NAME	
STREET ADDRESS	5700 BAY BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PT RICHEY FL	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)(i), 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, on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

1-5-99 727 848-4593

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