

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90200 004 \*\*\*\*61.25

<b>DOCUMENT # 704787</b> 1. Entity Name <b>FELLOWSHIP BAPTIST CHURCH OF NEW PORT RICHEY, FLORIDA, INCORPORATED</b>					
Principal Place of Business <b>5940 MASSACHUSETTS AVE. NEW PORT RICHEY, FL 34652</b>			Mailing Address <b>5940 MASSACHUSETTS AVE. NEW PORT RICHEY, FL 34652</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2403844</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BOONE, TIM 5232 MARINE PKWY NEW PORT RICHEY, FL 34652</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PEAK, LISA</b>		NAME		
STREET ADDRESS	<b>7819 RAINTREE DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34653</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>ORNDORFF, JAMES</b>		NAME	<b>Edward Isenrock</b>	
STREET ADDRESS	<b>6919 MESAVERDE ST</b>		STREET ADDRESS	<b>7724 CherryTreeLn</b>	
CITY-ST-ZIP	<b>PORT RICHEY, FL 34668</b>		CITY-ST-ZIP	<b>NewPort Richey, FL 34653</b>	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HICKS, LILA</b>		NAME		
STREET ADDRESS	<b>5542 CHIPPER DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34652</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DOTTOLI, ROCKY</b>		NAME		
STREET ADDRESS	<b>6324 PATELLA AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34653</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HAYY, STEVE</b>		NAME	<b>Hagg, Steven</b>	
STREET ADDRESS	<b>1548 DEBONAIR DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HOLIDAY, FL 34690</b>		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOONE, TIM</b>		NAME		
STREET ADDRESS	<b>5232 MARINE PKWY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34652</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Lila Hicks</i> <b>Lila Hicks</b>			<b>4/25/07 7278484593</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		