

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 705487 (7)

FIRST UNITED METHODIST CHURCH OF NEW PORT RICHEY, INC.

Principal Place of Business: 6543 JEFFERSON ST NEW PORT RICHEY FL 34652-1917
Mailing Address: 6543 JEFFERSON ST NEW PORT RICHEY FL 34652-1917



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	04/17/1963	01/30/1995
22	City & State	27	City & State	4. FEI Number	Applied For / Not Applicable
23	Zip	28	Zip	59-1004598	
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
SLEVIN, HENRY 6543 JEFFERSON ST. NEW PORT RICHEY FL 34652				Yes <input type="checkbox"/> No <input type="checkbox"/>	

10. Name and Address of New Registered Agent	
81 Name	Frederick J. Snell
82 Street Address (P.O. Box Number is Not Acceptable)	6543 Jefferson St.
83 City	New Port Richey, FL 34652
84 Zip Code	FL 85

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	SLEVIN, HENRY	1.2 NAME	Vance E. Faulkenberg
STREET ADDRESS	9345 LAKE CHRISTINA LANE	1.3 STREET ADDRESS	6840 River Rd.
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	New Port Richey, FL. 34652
TITLE	D	2.1 TITLE	
NAME	SNELL, FREDERICK	2.2 NAME	
STREET ADDRESS	2109 OVERVIEW DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	T
NAME	WITT, LETTIE	3.2 NAME	Witt, Lettie
STREET ADDRESS	4908 BLUE HERON DRIVE	3.3 STREET ADDRESS	7857 Leighton Cir.
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	New Port Richey, Fl.
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: *Frederick J. Snell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Frederick J. Snell
Date: January 3, 1996

CR2E037 (12/95)

(813) 842-7642