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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 705487 (7)

1. Corporation Name
FIRST UNITED METHODIST CHURCH OF NEW PORT RICHEY, INC.



Principal Place of Business Mailing Address
6543 JEFFERSON ST NEW PORT RICHEY FL 34852-1917

3. Date Incorporated or Qualified 04/17/1963
3a. Date of Last Report 03/04/1996

2. Principal Place of Business 2a. Mailing Address
21 5901 Indiana Avenue 26 5901 Indiana Avenue

4. FEI Number 59-1004598
Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

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

22 City & State 27 City & State
23 New Port Richey, FL 28 New Port Richey, FL

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

24 Zip 25 Country 29 Zip 30 Country
34652 Pasco 34652 Pasco

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SNELL, FREDERICK J
6543 JEFFERSON ST.
NEW PORT RICHEY FL 34852

81 Name Charles L. Spires
82 Street Address (P.O. Box Number is Not Acceptable) 5901 Indiana Avenue
83
84 City New Port Richey FL 85 Zip Code 34652

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: Charles L. Spires 2-2-97
Signature, typed or printed name of registered agent applicable if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	FAULKENBERG, VANCE E	
STREET ADDRESS	6840 RIVER RD.	
CITY-ST-ZIP	NEW PORT RICHEY FL 35852	
TITLE	D	DELETE
NAME	SNELL, FREDERICK	
STREET ADDRESS	2109 OVERVIEW DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	T	DELETE
NAME	WITT, LETTIE	
STREET ADDRESS	77857 LEIGHTON CIR.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	Change	Addition
1.2 NAME	Charles L. Spires		
1.3 STREET ADDRESS	9639 Alvernon Drive		
1.4 CITY-ST-ZIP	New Port Richey, FL 34655		
2.1 TITLE	D	Change	Addition
2.2 NAME	John E. Roberts		
2.3 STREET ADDRESS	7720 Campus Drive		
2.4 CITY-ST-ZIP	New Port Richey, FL 34653		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	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)(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, or on an attachment with an address.

SIGNATURE: Charles L. Spires 1-13-97 813-842-7642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Distinguishing Phone #

CR2E037 (9/96)