


FILE NOW: FILING FEE IS \$61.25

FILED

**May 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705487 (7)

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



Principal Place of Business 5901 INDIANA AVE NEW PORT RICHEY FL 34652 US	Mailing Address 5901 INDIANA AVE NEW PORT RICHEY FL 34652 US
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3. Date Incorporated or Qualified 04/17/1963	
4. FEI Number 59-1004598	Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CHARLES L SPIRES
55901 INDIANA AVE
NEW PORT RICHEY FL 34652**

10. Name and Address of New Registered Agent

B1 Name DAVID GILMORE	
B2 Street Address (P.O. Box Number is Not Acceptable) 7620 MASSACHUSETTS AVENUE	
B3 NEW PORT RICHEY, FL 34653-3022	
B4 City NEW PORT RICHEY FL	B5 Zip Code 34653-3022

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]* DATE **5/20/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CHARLES L SPIRES
STREET ADDRESS	8639 ALVERNON DR
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JOHN E ROBERTS
STREET ADDRESS	7720 CAMPUS DR
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	WITT, LETTIE
STREET ADDRESS	77657 LEIGHTON CIR.
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOSEPH CERNAVA
1.3 STREET ADDRESS	2704 COUNTRY PLACE BLVD.
1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MAY KUCINSKI
2.3 STREET ADDRESS	5940 GULF DRIVE
2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ARTHUR L. JOHNSON
3.3 STREET ADDRESS	7334 CHINABERRY COURT
3.4 CITY-ST-ZIP	PORT RICHEY, FL
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ALMA TILLEY
4.3 STREET ADDRESS	7251 ROYAL PALM DRIVE
4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RICHARD VAUGHN
5.3 STREET ADDRESS	5352 LAWRENCE LANE
5.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	REVEREND RAY BROWN
6.3 STREET ADDRESS	4018 CASHMERE DRIVE
6.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652

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, or on an attachment with an address.

SIGNATURE *[Signature]* DATE **5/20/98** **813 849 2387**

CR2E037 (10/97)