

FILE NOW: FILING FEE IS \$61.25

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90154 026 ****61.25

0071268

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 705487

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

04/17/1963

22 City & State

27 City & State

4. FEI Number 59-1004598

Applied For Not Applicable

23 Zip

Country

28 Zip

Country

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

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILMORE, DAVID 7620 MASSACHUSETTS AVENUE NEW PORT RICHEY, FL 34653-3022

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 D DELETE NAME CERNAVA, JOSEPH STREET ADDRESS 2704 COUNTRY PLACE BLVD CITY-ST-ZIP NEW PORT RICHEY FL 34655

1.1 TITLE Tr Change Addition 1.2 NAME John Roberts 1.3 STREET ADDRESS 7720 Campus Dr. 1.4 CITY-ST-ZIP New Port Richey, FL 34653

TITLE D DELETE NAME KUCINSKI, MAY STREET ADDRESS 5940 GULF DRIVE CITY-ST-ZIP NEW PORT RICHEY FL 34652

2.1 TITLE Tr Change Addition 2.2 NAME Robert Ayers 2.3 STREET ADDRESS 7139 Jasmine Dr. 2.4 CITY-ST-ZIP New Port Richey, FL 34652

TITLE T DELETE NAME JOHNSON, ARTHUR L STREET ADDRESS 7334 CHINABERRY COURT CITY-ST-ZIP PORT RICHEY FL

3.1 TITLE T Change Addition 3.2 NAME Lettie Witt 3.3 STREET ADDRESS 7857 Leighton Circle 3.4 CITY-ST-ZIP New Port Richey, FL 34654

TITLE D DELETE NAME TILLEY, ALMA STREET ADDRESS 7251 ROYAL PALM DRIVE CITY-ST-ZIP NEW PORT RICHEY FL 34652

4.1 TITLE Change Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE D DELETE NAME VAUGHN, RICHARD STREET ADDRESS 5352 LAWRENCE LANE CITY-ST-ZIP NEW PORT RICHEY FL 34652

5.1 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE D DELETE NAME BROWN, REVEREND RAY STREET ADDRESS 4018 CASHMERE DRIVE CITY-ST-ZIP NEW PORT RICHEY FL 34652

6.1 TITLE Tr Change Addition 6.2 NAME Henry Needham 6.3 STREET ADDRESS 10940 Sandtrap Drive 6.4 CITY-ST-ZIP Port Richey, FL 34668

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, with all other like empowered.

SIGNATURE:

John Roberts

April 28, 1999 727-848-3402

Date

Daytime Phone #

CR2E037 (1/98)