

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90049 023 ****61.25

DOCUMENT # 705487

1. Entity Name

FIRST UNITED METHODIST CHURCH OF NEW PORT RICHEY, INC.

Principal Place of Business

Mailing Address

5901 INDIANA AVE
 NEW PORT RICHEY FL 34652
 US

5901 INDIANA AVE
 NEW PORT RICHEY FL 34652
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1004598

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TRP	<input type="checkbox"/> Delete
NAME	ROBERTS, JOHN	
STREET ADDRESS	7720 CAMPUS DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	TRVP	<input type="checkbox"/> Delete
NAME	SNELL, FREDERICK J	
STREET ADDRESS	2109 OVERVIEW DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, WALTER	
STREET ADDRESS	9353 CLEARMEADOW LN.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	TERRY, NINA	
STREET ADDRESS	7328 SKYVIEW AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	TR	<input type="checkbox"/> Delete
NAME	BITTENBERDER, JEFF	
STREET ADDRESS	6932 SANJOSE LOOP	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	TR	<input type="checkbox"/> Delete
NAME	GALLAGHER, JULIE	
STREET ADDRESS	6203 DUBLIN DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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.

SIGNATURE: _____

Robert E. Quisenberry
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Roberts 14 Jun 02 727 8450582

Date Daytime Phone #

CR2E037 (9/01)