

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2005 8:00 am**  
**Secretary of State**

08-15-2005 90077 021 \*\*\*\*61.25

**DOCUMENT # 705487**

1. Entity 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  
**as listed above**

3. Mailing Address  
Suite, Apt. #, etc.



07062005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-1004598**

Applied For  
Not Applicable

Zip Country

Zip Country

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

## 6. Name and Address of Current Registered Agent

**SMITH, WALTER  
9353 CLEARMEADOW LANE  
NEW PORT RICHEY, FL 34655**

## 7. Name and Address of New Registered Agent

Name  
**Arthur L. Johnson**  
Street Address (P.O. Box Number is Not Acceptable)  
**12914 Sandhurst Ln**  
City  
**Hudson** FL Zip Code  
**34667**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Arthur L. Johnson*

Aug. 4, 2005

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by September 7, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
FAULKENBERG, VANCE  
6840 RIVER ROAD  
NEW PORT RICHEY, FL 34652** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TRP  
SNELL, FREDERICK J  
2109 OVERVIEW DR.  
NEW PORT RICHEY, FL 34655** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
SNYDER, GLENDA  
6930 ELDER DRIVE  
NEW PORT RICHEY, FL 34653** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
TERRY, NINA  
7328 SKYVIEW AVE  
NEW PORT RICHEY, FL 34653** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TR  
BITTENBERDER, JEFF  
6932 SANJOSE LOOP  
NEW PORT RICHEY, FL 34655** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TR  
GALLAGHER, JULIE  
6203 DUBLIN DR  
NEW PORT RICHEY, FL 34653** ☒ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TRVP  
Dana Zukunft  
4059 La Pasida Ln  
NPR, FL 34655** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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:

*Fred J. Snell* **FRED J. SNELL** 842-7674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #