


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
Zip Country Zip Country

4. FEI Number
59-1004598

Applied For
Not Applicable

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* DATE Aug. 4, 2005

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

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRP SNELL, FREDERICK J 2109 OVERVIEW DR. NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, GLENDA 6930 ELDER DRIVE NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY, NINA 7328 SKYVIEW AVE NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BITTENBERDER, JEFF 6932 SANJOSE LOOP NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GALLAGHER, JULIE 6203 DUBLIN DR NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 #