


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90045 013 ****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

50002338



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

03132008 Chg-NP CR2E037 (12/06)

City & State
 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
MILLER, CAROL
3922 PENSDALE DR.
NEW PORT RICHEY, FL 34652

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carol Miller* DATE 3/25/08
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 May 1, 2008

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	D	<input type="checkbox"/> Delete
NAME	FAULKENBERG, VANCE	
STREET ADDRESS	6840 RIVER ROAD	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	TRP	<input type="checkbox"/> Delete
NAME	SNELL, FREDERICK J	
STREET ADDRESS	2109 OVERVIEW DR.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	TRVP	<input type="checkbox"/> Delete
NAME	ZUKUNFT, DANA	
STREET ADDRESS	4059 LA PASIDA LN	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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CITY-ST-ZIP		
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 exemptions contained in Chapter 119, 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: *Carol Miller* DATE 3/25/08 DAYTIME PHONE # 727-849-0434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR