

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90647 022 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

7. Name and Address of New Registered Agent

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

Name
Walter Smith
Street Address (P.O. Box Number is Not Acceptable)
9353 Clearmeadow Lane

City **New Port Richey** **FL** Zip Code **34655**

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 *[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 Florida 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 checked="" 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		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Snyder, Glenda	
STREET ADDRESS	6930 Elder Drive	
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		
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/03

777 845 0582

CR2E037 (10/02)