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2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: REV. ELLES Bomo

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT #706289** 1. Entity Name FIRST BAPTIST CHURCH OF PORT RICHEY, INC. 05 AUG 29 AM 10: 39 Principal Place of Business Malling Address 5708 RIVER GULF RD. 5708 RIVER GULF RD. 07/11/05 01039 003 PORT RICHEY, FL 34668 PORT RICHEY, FL 34668 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07192005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2887723 City & State City & State Applied For Not Applicable Zio Country Zio Country \$8.75 Additional 6. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOND, ELLIS REV 4916 FLEETWOOD ST Street Address (P.O. Box Number is Not Acceptable) NEW PORT RICHEY, FL 34653 City 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 Signature, typed or printed name of registered agent and title if epoficable (NOTE: Registered Agen) signature required when reinstatung) DATE Filing Fee Is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. SD TITLE ☐ Defeta TITLE ☐ Change Addition CANSLER, SALLY NAME NAME STREET ADDRESS 9925 CROFTON LN STREET ADDRESS CITY-ST-ZIP PORT RICHEY, FL 34668 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME BOND, ELLIS REV MAME STREET ADDRESS 4916 FLEETWOOD ST STREET ADDRESS PORT RICHEY, FL 00000, 34653 CITY-ST-21P CITY - ST-ZIP VD TITLE Oelete TITLE ☐ Change ☐ Addition BENNETT, GARY NAME NALOF STREET ADORESS 5601 ILLINOIS AVE STREET ADDRESS CITY: ST-ZIP NEW PORT RICHEY; FL 34652 CITY-ST-ZIP -☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME STREET ACCRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE TITLE Chance Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 attrachment with an address, with all other like empowered.

Ree Elles

7/28/65