

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # 706289

1. Entity Name

FIRST BAPTIST CHURCH OF PORT RICHEY, INC.



Principal Place of Business

5708 RIVER GULF RD.
PORT RICHEY FL 34668

Mailing Address

5708 RIVER GULF RD.
PORT RICHEY FL 34668



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2887723

Applied For

Not Applicable

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

BOND, ELLIS REV
4916 FLEETWOOD ST
NEW PORT RICHEY FL 34653

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

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
Due By May 1, 2007

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	SD	☐ Delete
NAME	CANSLER, SALLY	
STREET ADDRESS	9925 CROFTON LN	
CITY-STATE-ZIP	PORT RICHEY FL 34668	

TITLE	PD	☐ Delete
NAME	BOND, ELLIS REV	
STREET ADDRESS	4916 FLEETWOOD ST	
CITY-STATE-ZIP	PORT RICHEY, FL 00000 34653	

TITLE	VD	☐ Delete
NAME	BENNETT, GARY	
STREET ADDRESS	5601 ILLINOIS AVE	
CITY-STATE-ZIP	NEW PORT RICHEY FL 34652	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

U00000625329
02/14/07-80070-023 61.25

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Rev. Ellis Bond, PASTOR *REV. ELLIS BOND*

2-5-07 *722-846-1024*