

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706289

FILED  
Feb 13, 2009  
Secretary of State

**Entity Name:** FIRST BAPTIST CHURCH OF PORT RICHEY, INC.

**Current Principal Place of Business:**

5708 RIVER GULF RD.  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

5708 RIVER GULF RD.  
PORT RICHEY, FL 34668

**New Mailing Address:**

**FEI Number:** 59-2887723

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: CANSLER, SALLY  
Address: 9925 CROFTON LN  
City-St-Zip: PORT RICHEY, FL 34668

Title: PD ( ) Delete  
Name: BOND, ELLIS REV  
Address: 4916 FLEETWOOD ST  
City-St-Zip: PORT RICHEY, FL 00000, 34653

Title: VD ( ) Delete  
Name: BENNETT, GARY  
Address: 5601 ILLINOIS AVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: CARLISLE, PAT  
Address: 3502 BEACON SQUARE DRIVE  
City-St-Zip: HOLIDAY,, FL 34691 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV ELLIS BOND

PD

02/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date