


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

09-12-2005 90003 027 \*\*\*\*\*61.25

<b>DOCUMENT # 706346</b>	
1. Entity Name <b>FIRST CHURCH OF THE NAZARENE OF NEW PORT RICHEY, FLORIDA, INC.</b>	

Principal Place of Business <b>5342 AVERY ROAD NEW PORT RICHEY FL 34652</b>	Mailing Address <b>5342 AVERY ROAD NEW PORT RICHEY FL 34652</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
Country		Country	

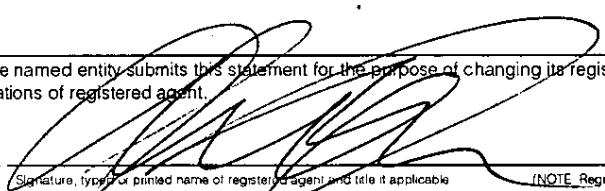
2nd MOORE CR2E037 (5/05)

4. FEI Number <b>59-1749381</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>WRIGHT, WESLEY E REV. 9136 LOMETA LANE PORT RICHEY FL 34668</b>
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7. Name and Address of New Registered Agent Name <b>ARTHUR L. CROSS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1507 June Ave</b> <b>Brooksville FL 34601</b> City <b>FL</b> Zip Code
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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  <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW: FEE IS \$61.25 Due By September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>O'BRYAN, KEN 6053 9TH AVENUE NEW PORT RICHEY FL 34653 S</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CONIGLIONE, SANDY 8150 BRENT ST. UNIT 735 PORT RICHEY FL 34668 D</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CONIGLIONE, DOMINICK 8150 BRENT ST UNIT 735 PORT RICHEY FL 34668 D</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>HALL, HEATHER 4834 TRAFFORD RD. HOLIDAY FL 34690 P</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>WRIGHT, WESLEY E REV. 9136 LOMETA LANE PORT RICHEY FL 34668 T</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>IRWIN, LINDA 7337 WESTWIND DRIVE PORT RICHEY FL 34668</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.
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