FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 25 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707031 (1)

1. Corporation Name
CHRISTIAN AND MISSIONARY ALLIANCE CHURCH OF NEW PORT RICHEY, FLORIDA, INC.

Principal Place of Business	Mailing Address
5948 GEORGIA AVE. NEW PORT RICHEY FL 34652	5948 GEORGIA AVE. NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1964
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2756504 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PORTER, OLIVE B.
7621 GREYSTONE DR.
BAYONET POINT FL 34667

10. Name and Address of New Registered Agent

81 Name: CAROL SMITH
82 Street Address (P.O. Box Number is Not Acceptable)
83: 8630 Winter Haven Dr.
84 City: Hudson, 85 FL Zip Code: 34667

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Carol Smith — Carol Smith Treasurer — 4-21-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, HOWARD	1.2 NAME		
STREET ADDRESS	4819 DOGWOOD STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	ROUND, MARVIN	2.2 NAME		
STREET ADDRESS	6108 WOODEN STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	T	☒ Change ☐ Addition
NAME	PORTER, OLIVE B.	3.2 NAME	CAROL SMITH	
STREET ADDRESS	7621 GREYSTONE DR.	3.3 STREET ADDRESS	8630 Winter Haven Dr.	
CITY-ST-ZIP	BAYONET POINT FL	3.4 CITY-ST-ZIP	Hudson, Fl. 34667	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, LEON	4.2 NAME		
STREET ADDRESS	5029 BEACON HILL DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol Smith — Carol Smith — 4-21-95 — 813 863 2605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087490