

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90120 025 ****61.25

DOCUMENT # 708310					
1. Entity Name COMMUNITY CONGREGATIONAL CHURCH OF NEW PORT RICHEY, FLORIDA, OF THE UNITED CHURCH OF CHRIST, INC					
Principal Place of Business 6533 CIRCLE BLVD NEW PORT RICHEY, FL 34652 US			Mailing Address 6533 CIRCLE BLVD NEW PORT RICHEY, FL 34652 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01232006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2269070				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARNARD, ROBERT L 8108 HUTCHINSON DR NEW PORT RICHEY, FL 34653			7. Name and Address of New Registered Agent Name <u>ATCHISON, CANDACE L</u> Street Address (P.O. Box Number is Not Acceptable) <u>11232 EDGE PARK DR</u> City <u>HUDSON</u> FL Zip Code <u>34667</u>		
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 <u>Candace L Atchison - Treasurer</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<u>2/20/06</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARNARD, ROBERT L 8108 HUTCHINSON DR NEW PORT RICHEY, FL 34653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BARNARD, ROBERT L 8108 HUTCHINSON DR NEW PORT RICHEY, FL 34653 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS HITCHCOCK, LORETTA 13928 TALMAGE LOOP HUDSON, FL 34667 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ATCHISON, CANDACE L 11232 EDGE PARK DR HUDSON, FL 34667 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM BUTLER, CHESTER 10810 JASON ROAD PORT RICHEY, FL 34668 <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	SD SWEENEY, CHRIS 7310 CYPRESS KNOLL NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWEENEY, KAROL 7310 CYPRESS KNOLL NEW PORT RICHEY, FL 34653 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HEABLER, HARVEY 5026 SERENE RD NEW PORT RICHEY, FL 34653 <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	<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 exemptions contained 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 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: <u>Candace L Atchison</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/20/06</u> <small>Date</small>		<u>727 869-0944</u> <small>Daytime Phone #</small>