

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708310

FILED  
Feb 26, 2008  
Secretary of State

**Entity Name:** COMMUNITY CONGREGATIONAL CHURCH OF NEW PORT RICHEY, FLORIDA, OF THE UNITED CHURCH OF CHRIST, INC.

**Current Principal Place of Business:**

6533 CIRCLE BLVD  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

**Current Mailing Address:**

6533 CIRCLE BLVD  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

**FEI Number:** 59-2269070

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ATCHISON, CANDACE L  
11232 EDGE PK DR  
HUDSON, FL 34667 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: AT ( ) Delete  
Name: BARNHARD, ROBERT L  
Address: 8108 HUTCHINSON DR  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DM ( ) Delete  
Name: BOBBY, GLENDA  
Address: 7341 VIENNA LANE  
City-St-Zip: PORT RICHEY, FL 34668

Title: SD ( ) Delete  
Name: SWEENEY, KAROL  
Address: 7314 CYRPRESS KNOLL  
City-St-Zip: NEW PORT RICHEY, FL 34653

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

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

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

Title: SD (X) Change ( ) Addition  
Name: WALTERS, GWEN  
Address: 7648 ALBACORE DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

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: CANDACE L ATCHISON

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02/26/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date