


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90174 043 \*\*\*\*61.25

<b>DOCUMENT # 714987</b>	
<b>1. Entity Name</b>	
FIRST PRESBYTERIAN CHURCH OF PORT RICHEY, INC.	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
7540 RIDGE RD PORT RICHEY FL 34668	7540 RIDGE RD PORT RICHEY FL 34668

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

<b>4. FEI Number</b>		<b>Applied For</b>	
59-1638754		Not Applicable	
<b>5. Certificate of Status Desired</b>		<b>\$8.75 Additional Fee Required</b>	
<input type="checkbox"/>			

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
PALMESE, MARTHA 9211 GLEN MOOR LANE PORT RICHEY FL 34668		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

**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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consulting) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b>	<b>T</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	WESTRATE, HAROLD	<b>NAME</b>	
<b>STREET ADDRESS</b>	9444 STONEWALL LANE	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	NEW PORT RICHEY FL 34655	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>T</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	DAVID, HARRINGTON	<b>NAME</b>	
<b>STREET ADDRESS</b>	11000 SALT TREE DRIVE	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	PORT RICHEY FL 34668	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>T</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	PALMESE, MARTHA	<b>NAME</b>	
<b>STREET ADDRESS</b>	9211 GLEN MOOR LN	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	PORT RICHEY FL 34668	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>VT</b> <input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	KEMPF, ROBERT	<b>NAME</b>	LEGGIO, ANTHONY
<b>STREET ADDRESS</b>	8105 BULL RUN DR	<b>STREET ADDRESS</b>	8039 CEDAR CREEK DRIVE
<b>CITY-ST-ZIP</b>	NEW PORT RICHEY FL 34653	<b>CITY-ST-ZIP</b>	NEW PORT RICHEY FL 34653
<b>TITLE</b>	<b>T</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	DALY, FAY	<b>NAME</b>	
<b>STREET ADDRESS</b>	3815 LIGHTHOUSE WAY	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	NEW PORT RICHEY FL 34652	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>TP</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	LEATHERBERRY, DOROTHY V	<b>NAME</b>	
<b>STREET ADDRESS</b>	6220 TOWER DR	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	HUDSON FL 34667	<b>CITY-ST-ZIP</b>	

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Martha Palmese*