2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#720806

FILED Jul 03, 2006 Secretary of State

Entity Name: FAITH BAPTIST CHURCH OF NEW PORT RICHEY, INC.

	rincipal Place of Business:	New Principal Place of Business:
	GE ROAD RT RICHEY, FL 34654	
Current M	lailing Address:	New Mailing Address:
	OGE ROAD RT RICHEY, FL 34654	
In accordan	: 59-1610816 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation did	•
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
11535 BEA	DUGLAS K. AR PAW LN CHEY, FL 34668 US	
	named entity submits this statement for the of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATUI	RE:	
	Electronic Signature of Registered A	Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P () Delete DAVIS, DOUGLAS K., 11535 BEAR PAW LN PORT RICHEY, FL	Title: () Change () Addition Name: Address: City-St-Zip:
	TS / \ Doloto	
Name: Address:	TS () Delete GILL, GEORGE 9015 MARK TWAIN PORT RICHEY, FL 34668	Title: () Change () Addition Name: Address: City-St-Zip:
Name: Address: City-St-Zip: Title: Name: Address:	GILL, GEORGÉ 9015 MARK TWAIN	Name: Address:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip:	GILL, GEORGÉ 9015 MARK TWAIN PORT RICHEY, FL 34668 VP () Delete REIHER, PAUL 8645 SCRIMSHAW DR	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	GILL, GEORGÉ 9015 MARK TWAIN PORT RICHEY, FL 34668 VP () Delete REIHER, PAUL 8645 SCRIMSHAW DR NEW PORT RICHEY, FL 34653 T () Delete FUQUAY, BOB 8733 ST REGIS LANE	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUGLAS K. DAVIS REV. 07/03/2006