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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:46

DOCUMENT # 723143 (4)

1. Corporation Name

ASBURY UNITED METHODIST CHURCH OF NEW PORT RICHEY, INC

Principal Place of Business	Mailing Address
4204 THYS RD NEW PORT RICHEY FL 34653	4204 THYS RD NEW PORT RICHEY FL 34653

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1972
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-1502595 ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

EMMONS, RICHARD
6040 2ND AVENUE
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name: Eleanor M Sayre
82 Street Address (P.O. Box Number Is Not Acceptable): 12625 Cherrydale Ln
83
84 City: Hudson FL 85 Zip Code: 34669

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: Eleanor M. Sayre ELEANOR M SAYRE TRUSTEE 2/10/95
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	EARL DAY	1.2 NAME		
STREET ADDRESS	3255 LAVERNE CT.	1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	EDWARD REDMOND	2.2 NAME		
STREET ADDRESS	8846 GOSHEN LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP	ZIP 34668	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	PAT TEMPLETON	3.2 NAME		
STREET ADDRESS	1917 OVERVIEW DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	3.4 CITY-ST-ZIP		
TITLE	C	4.1 TITLE	V/D	☒ Change ☒ Addition
NAME	FRED DORS	4.2 NAME	CHARLES BABLOCK	
STREET ADDRESS	3302 RANKIN DRIVE	4.3 STREET ADDRESS	4418 BARBARA LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	S	5.1 TITLE	C/D	☒ Change ☐ Addition
NAME	ELEANOR SAYRE	5.2 NAME		
STREET ADDRESS	12625 CHERRYDALE LANE	5.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34669	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE	S/D	☐ Change ☒ Addition
NAME	ZASIMOVITCH, ROBERT	6.2 NAME	Dee Dee Biagi	
STREET ADDRESS	5153 GREENWOOD STREET	6.3 STREET ADDRESS	6751 Albemarle Parkway	
CITY-ST-ZIP	NEW PORT RICHEY FL	6.4 CITY-ST-ZIP	NEW Port Richey FL 34653	

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)(i), 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: Eleanor Sayre Eleanor Sayre 1-24-95 842-8136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone) #

0067460