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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 34653-5837

3. Date Incorporated or Qualified: **04/12/1972**
3a. Date of Last Report: **03/18/1996**

2. Principal Place of Business — 21: — Suite, Apt. #, etc. — 22: — City & State — 23: — Zip — 24: — Country — 25:

2a. Mailing Address — 26: — Suite, Apt. #, etc. — 27: — City & State — 28: — Zip — 29: — Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

BABCOCK, CHARLES E
4418 BARBARA ST
NEW PORT RICHEY FL 34652

10. **Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE (Type or print name and title of person signing) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ANDREWS, ROBERT		1.2 NAME		
STREET ADDRESS	8626 WOODBRIDGE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	BLYTH, DIANA		2.2 NAME	WALLING, MARK	
STREET ADDRESS	5761 RIO DR		2.3 STREET ADDRESS	3252 KISMET	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		2.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EMMONS, EHIZEBETH		3.2 NAME		
STREET ADDRESS	6040 2ND AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		3.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	BABCOCK, CHARLES		4.2 NAME	BABCOCK, CHARLES	
STREET ADDRESS	4418 BARBARA LANE		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	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HESS, OHIN		5.2 NAME		
STREET ADDRESS	8217 FISH HAWK AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	VELAZQUEZ, JACK		6.2 NAME		
STREET ADDRESS	7632 CHERRY TREE LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Charles Babcock 3/26/97 813-842-8136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # — 0068017