

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

|                                                       |                                                                                                                                                                                                  |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. NONPROFIT CORPORATION ANNUAL REPORT<br><b>1998</b> | <br>FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b> ,<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

DOCUMENT # **723143** (4)

1. Corporation Name

**ASBURY UNITED METHODIST CHURCH OF NEW PORT RICHEY, INC**

Principal Place of Business

**4204 THYS RD  
NEW PORT RICHEY FL 34653**

Mailing Address

**4204 THYS RD  
NEW PORT RICHEY FL 34653**

3. Date Incorporated or Qualified

**04/12/1972**

4. FEI Number

**59-1502595**

Applied For

Not Applicable

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

**81** Name **Mark Walling**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**3252 Kismet**

**83**

**84** City **New Port Richey** **FL** **85** Zip Code **34655**

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 *Mark Walling* **MARK WALLING CHAIRMAN BOARD OF TRUSTEES 5/11/98**

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** ☒ DELETE  
NAME **ANDREWS, ROBERT**  
STREET ADDRESS **8826 WOODBRIDGE DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **VD** ☐ DELETE  
NAME **WALLING, MARK**  
STREET ADDRESS **3252 KISMET**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☐ DELETE  
NAME **EMMONS, EHIZEBETH**  
STREET ADDRESS **6040 2ND AVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **PD** ☒ DELETE  
NAME **BABCOCK, CHARLES**  
STREET ADDRESS **4418 BARBARA LANE**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☐ DELETE  
NAME **HESS, OHN**  
STREET ADDRESS **8217 FISH HAWK AVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **D** ☐ DELETE  
NAME **VELAZQUEZ, JACK**  
STREET ADDRESS **7832 CHERRY TREE LANE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **Marlatt, Daniel**  
1.3 STREET ADDRESS **4424 WhittonWay**  
1.4 CITY-ST-ZIP **New PortRichey, FL 34653**

2.1 TITLE **P** ☒ Change ☐ Addition  
2.2 NAME **Walling, Mark**  
2.3 STREET ADDRESS **3252 Kismet**  
2.4 CITY-ST-ZIP **New Port Richey, FL 34655**

3.1 TITLE **VP** ☒ Change ☐ Addition  
3.2 NAME **Emmons, Elizabeth**  
3.3 STREET ADDRESS **5652 Dove Ave.**  
3.4 CITY-ST-ZIP **New Port Richey, FL 34652**

4.1 TITLE **D** ☒ Change ☐ Addition  
4.2 NAME **Crew, Raymond**  
4.3 STREET ADDRESS **8544 Wind Mill Drive**  
4.4 CITY-ST-ZIP **New Port Richey, FL 34658**

5.1 TITLE **D** ☒ Change ☐ Addition  
5.2 NAME **Hess, Olin**  
5.3 STREET ADDRESS **8217 Fish Hawk Ave.**  
5.4 CITY-ST-ZIP **New Port Richey, FL 34653**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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.

CR2E037 (10/97)