2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State
04-25-2000 90030 044 ****61.25

DOCUMENT # 723143

1. Entity Name

ASBURY UNITED METHODIST CHURCH OF NEW PORT RICHE

Principal Place of Business	Mailing Address
4204 THYS RD NEW PORT RICHEY FL 34653	4204 THYS RD NEW PORT RICHEY FL 34653-5837

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-1502595 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALLING, MARK 3252 KISMET NEW PORT RICHEY FL 34652	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.

SIGNATURE Mark Walling

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARLETT, DANIEL 4424 WHITTONWAY NEW PORT RICHEY FL 34653	☐ Delete	TITLE VP NAME Keith Griffith STREET ADDRESS 5043 Sherry lan CITY-ST-ZIP N.P.R 3468	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WALLING, MARK 3252 KISMET NEW PORT RICHEY FL	☐ Delete	TITLE D NAME Naomi Middleton STREET ADDRESS 4740 Vicks Burg ct CITY-ST-ZIP N.P.R 34655	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP EMMONS, EHIZEBETH 5652 DOVE AVE NEW PORT RICHEY FL 34652	☐ Delete	TITLE D B, Louise Phile NAME 6011 ALhambra ct STREET ADDRESS NPR 34653 CITY-ST-ZIP	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CREW, RAYMOND 8544 WIND MILL DR NEW PORT RICHEY FL 34655	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HESS, OHIN 8217 FISH HAWK AVE NEW PORT RICHEY FL 34653	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VELAZQUEZ, JACK 7632 CHERRY TREE LANE NEW PORT RICHEY FL 34653	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

12. 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 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: Mark Walling MARK Walling 3/23/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #