

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723143

1. Entity Name

ASBURY UNITED METHODIST CHURCH OF NEW PORT RICHEY

Principal Place of Business

Mailing Address

4204 THYS RD
NEW PORT RICHEY FL 34653

4204 THYS RD
NEW PORT RICHEY FL 34653

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90302 004 ****61.25

00040347



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1502595

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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 D
NAME MARLETT, DANIEL
STREET ADDRESS 4424 WHITTONWAY
CITY-ST-ZIP NEW PORT RICHEY FL 34653 ☒ Delete

TITLE CHILDS, Julie
NAME
STREET ADDRESS 7543 JENNER AVE
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☐ Change ☒ Addition

TITLE P
NAME WALLING, MARK
STREET ADDRESS 3252 KISMET
CITY-ST-ZIP NEW PORT RICHEY FL ☐ Delete

TITLE MURRAY, William
NAME
STREET ADDRESS 5132 GREENWOOD DR
CITY-ST-ZIP NEW PORT RICHEY 34653 ☐ Change ☒ Addition

TITLE VP
NAME EMMONS, EHIZEBETH
STREET ADDRESS 5652 DOVE AVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☒ Delete

TITLE FRANK Rodman
NAME
STREET ADDRESS 3506 MONTE RIO ST
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☐ Change ☒ Addition

TITLE VP
NAME GRIFFITH, KEITH
STREET ADDRESS 5043 SHERRY LANE
CITY-ST-ZIP NEW PORT RICHEY FL ☐ Delete

TITLE JOHN Mull
NAME
STREET ADDRESS 4304 MARINE PARKWAY
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☐ Change ☒ Addition

TITLE D
NAME MIDDLETON, NAOMI
STREET ADDRESS 4740 VICKS BURG CT
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME PHILE, B L
STREET ADDRESS 6011 ALHAMBRA CT
CITY-ST-ZIP NPR FL 34553 ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark Walling Mark Walling 4/9/01 (727) 939-1789

CR2E037 (10/00)