

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723143

FILED
Jan 04, 2007
Secretary of State

Entity Name: ASBURY UNITED METHODIST CHURCH OF NEW PORT RICHEY, INC

Current Principal Place of Business:

4204 THYS RD
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

4204 THYS RD
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 59-1502595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENRY, DALE JR
1206 SWEET JASMINE DR
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HENRY, DALE JR
Address: 1206 SWEET JASMINE DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: BLEKKENK, JEAN
Address: 5340 CHARLOTTE AVE 204
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: D () Delete
Name: GRAVES, ELIZABETH
Address: 7741 WAYBURY ST
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: S () Delete
Name: ROLOSON, ADDIE F
Address: 3448 NIBLICK COURT
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: D () Delete
Name: PETTIT, LEON
Address: 3407 TEESIDE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP () Delete
Name: ANDERSON, TED
Address: 5417 LEEWARD LANE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BLEKKENK, JEAN
Address: 5340 CHARLOTTE AVE 204
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GRIFFITH, KEITH
Address: 5043 SHERRY LANE
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE HENRY, JR.

P

01/04/2007

Electronic Signature of Signing Officer or Director

Date