

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90025 024 ****61.25

DOCUMENT # 731945

1. Entity Name
**THE FIRST ASSEMBLY OF GOD CHURCH OF NEW PORT
RICHEY, INC.**



Principal Place of Business
**6310 TROUBLE CREEK RD.
NEW PT RICHEY, FL 34653**

Mailing Address
**6310 TROUBLE CREEK RD.
NEW PT RICHEY, FL 34653**

40012100



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2209135

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARTMAN, ESD R J
10335 PINE NEEDLES DRIVE
NEW PORT RICHEY, FL 34654**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HARTMAN, ED JR**
STREET ADDRESS **10835 PINE NEEDLES DR**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **SD** ☒ Delete
NAME **BRASHAW, ALBERT**
STREET ADDRESS **8651 BASS LAKE DR**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **D** ☒ Delete
NAME **PROCTOR, THOMAS**
STREET ADDRESS **2824 BRAMBLE RIDGE CIRCLE**
CITY-ST-ZIP **HOLIDAY, FL 34690**

TITLE **D** ☒ Delete
NAME **MANN, JOHN**
STREET ADDRESS **13410 AMBERWOOD STREET**
CITY-ST-ZIP **HUDSON, FL 34669**

TITLE **D** ☒ Delete
NAME **LONGDON, ROY**
STREET ADDRESS **3520 GLENBURN CT**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **D** ☐ Delete
NAME **BRANDT, MICHAEL**
STREET ADDRESS **2211 PEGGY DR**
CITY-ST-ZIP **HOLIDAY, FL 34690**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition
NAME **D ESPINAL, FERMIN**
STREET ADDRESS **4318 TIBURON DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE ☒ Change ☒ Addition
NAME **SD MANN, JOHN**
STREET ADDRESS **13410 AMBERWOOD STREET**
CITY-ST-ZIP **HUDSON, FL 34669**

TITLE ☒ Change ☒ Addition
NAME **D LONGDON, ROY**
STREET ADDRESS **3520 GLENBURN CT**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

2-6-07