

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90025 025 ****70.00

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**

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

01182008 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

7. Name and Address of New Registered Agent

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

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, 2008

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 D ☐ Delete
NAME ESPINAL, FERMIN
STREET ADDRESS ~~4318 TIBURON DRIVE~~
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE SD ☐ Delete
NAME MANN, JOHN
STREET ADDRESS 13410 AMBERWOOD STREET
CITY-ST-ZIP HUDSON, FL 34669

TITLE D ☐ Delete
NAME CONGDON, 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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

3/19/08

Date

Daytime Phone #

727-849-4407