


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 742029</b> 1. Entity Name <b>THE FIRST BAPTIST CHURCH OF NEW PORT RICHEY</b>					
Principal Place of Business <b>6561 CIRCLE BLVD NEW PORT RICHEY FL 34652</b>			Mailing Address <b>6561 CIRCLE BLVD NEW PORT RICHEY FL 34652</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-1319421</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MYERS, JOHNNIE 5530 BERKLEY ROAD NEW PORT RICHEY FL 34652</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T UNDERWOOD, CLYDE 7180 LENAPE CIRCLE NEW PORT RICHEY FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASSON, WALTER 5522 CARLTON ROAD NEW PORT RICHEY FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WELLBORN, DIANA 4939 AMRINE PARKWAY, APT 219 NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PIERCE, JIM 5901 BEVERLY DR HUDSON FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRUZLEWSKI, JIM 10250 WOOD DUCK DR NEW PORT RICHEY FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C DUKE, JAMES W 8615 PRATT DR NEW PORT RICHEY FL 34654	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE: <u>Clyde Underwood</u> CLYDE UNDERWOOD 4/5/06 727-849-265</b>					



1st MOORE CR2E037 (10/05)

Applied For  
Not Applicable

Additional Fee Required

FL Zip Code

00000534022  
05/06/06-80146-015 61.25

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition