

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90192 017 ****61.25

DOCUMENT # 742029

1. Entity Name

THE FIRST BAPTIST CHURCH OF NEW PORT RICHEY



Principal Place of Business

6561 CIRCLE BLVD
NEW PORT RICHEY FL 34652

Mailing Address

6561 CIRCLE BLVD
NEW PORT RICHEY FL 34652

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

4. FEI Number

59-1319421

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

MYERS, JOHNNIE
5530 BERKLEY ROAD
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. 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 re-registering)

DATE

FILE NOW: 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	T	<input type="checkbox"/> Delete
NAME	UNDERWOOD, CLYDE	
STREET ADDRESS	7180 LENAPE CIRCLE	
CITY- ST- ZIP	NEW PORT RICHEY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASSON, WALTER	
STREET ADDRESS	5522 CARLTON ROAD	
CITY- ST- ZIP	NEW PORT RICHEY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WELLBORN, DIANA	
STREET ADDRESS	4939 AMRINE PARKWAY, AP1 219	
CITY- ST- ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PIERCE, JIM	
STREET ADDRESS	5901 BEVERLY DR	
CITY- ST- ZIP	HUDSON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRUZLEWSKI, JIM	
STREET ADDRESS	10250 WOOD DUCK DR	
CITY- ST- ZIP	NEW PORT RICHEY FL	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	DUKE, JAMES W	
STREET ADDRESS	8615 PRATT DR	
CITY- ST- ZIP	NEW PORT RICHEY FL 34654	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bray, Lowell	
STREET ADDRESS	6931 Manor Beach Rd.	
CITY- ST- ZIP	New Port Richey, FL 34652-1515	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Van Wechel, Barry	
STREET ADDRESS	10238 Nicklaus Drive	
CITY- ST- ZIP	New Port Richey, FL 34655	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sells, Carolyn	
STREET ADDRESS	9640 Ridge Road	
CITY- ST- ZIP	New Port Richey, FL 34654-5037	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Perdue, Connie M.	
STREET ADDRESS	6619 Catalpa Dr.	
CITY- ST- ZIP	New Port Richey, FL 34655-3701	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	King, Russ	
STREET ADDRESS	4318 Oklawaha Lane	
CITY- ST- ZIP	New Port Richey, FL 34655	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	St. John, Steve	
STREET ADDRESS	8720 Betty St.	
CITY- ST- ZIP	Port Richey, FL 34668-6037	

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.

SIGNATURE:

Clyde Underwood
Clyde Underwood

April 2, 2007

1-727-849-2659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #