

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2008 8:00 am
Secretary of State

05-06-2008 90039 034 ****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 <u>6800 Trouble Creek Road</u> Suite, Apt. #, etc.		3. Mailing Address <u>6800 Trouble Creek Road</u> Suite, Apt. #, etc.																																																												
City & State <u>New Port Richey FL</u> Zip <u>34653</u>		City & State <u>New Port Richey, FL</u> Zip <u>34653</u>																																																												
Country <u>Pasco</u>		Country <u>Pasco</u>																																																												
4. FEI Number 59-1319421		Applied For <input type="checkbox"/> Not Applicable																																																												
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																												
6. Name and Address of Current Registered Agent MYERS, JOHNNIE 5530 BERKLEY ROAD NEW PORT RICHEY, FL 34652		7. Name and Address of New Registered Agent Name <u>BURROUGHS MICHAEL</u> Street Address (P.O. Box Number is Not Acceptable) <u>6800 Trouble Creek Road</u> City <u>New Port Richey</u> FL Zip Code <u>34653</u>																																																												
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <u><i>Michael Burroughs</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>																																																														
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>																																																												
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State																																																												
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-STATE-ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>T UNDERWOOD, CLYDE</td> <td>7180 LENAPE CIRCLE</td> <td>NEW PORT RICHEY, FL</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>D VAN WECHER, BARRY</td> <td>10238 NICKLAUS DR</td> <td>NEW PORT RICHEY, FL 34655</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>S WELLBORN, DIANA</td> <td>4839 AMRINE PARKWAY, APT 219</td> <td>NEW PORT RICHEY, FL 34652</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td>D PERDUE, CONNIE M</td> <td>6619 CATALPAS DR</td> <td>NEW PORT RICHEY, FL 34655</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td>D KING, RUSS</td> <td>4318 OKLAWAHA LN</td> <td>NEW PORT RICHEY, FL 34655</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td>C ST JOHN, STEVE</td> <td>8720 BETTY ST</td> <td>PORT RICHEY, FL 34668</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-STATE-ZIP</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td></td> <td>T FARTHING DUANE</td> <td>3546 KAUNA POINT DRIVE</td> <td>HOLIDAY, FL 34691</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>D SELLS, CAROLYN</td> <td>9640 RIDGE ROAD</td> <td>NEW PORT RICHEY, FL 34654</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>C CARTER CHARLES</td> <td>8101 ROXBORO DRIVE</td> <td>HUDSON, FL 34667</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> </div> </div>				TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Delete		T UNDERWOOD, CLYDE	7180 LENAPE CIRCLE	NEW PORT RICHEY, FL	<input checked="" type="checkbox"/>		D VAN WECHER, BARRY	10238 NICKLAUS DR	NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/>		S WELLBORN, DIANA	4839 AMRINE PARKWAY, APT 219	NEW PORT RICHEY, FL 34652	<input type="checkbox"/>		D PERDUE, CONNIE M	6619 CATALPAS DR	NEW PORT RICHEY, FL 34655	<input type="checkbox"/>		D KING, RUSS	4318 OKLAWAHA LN	NEW PORT RICHEY, FL 34655	<input type="checkbox"/>		C ST JOHN, STEVE	8720 BETTY ST	PORT RICHEY, FL 34668	<input checked="" type="checkbox"/>	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Change	Addition		T FARTHING DUANE	3546 KAUNA POINT DRIVE	HOLIDAY, FL 34691	<input type="checkbox"/>	<input checked="" type="checkbox"/>		D SELLS, CAROLYN	9640 RIDGE ROAD	NEW PORT RICHEY, FL 34654	<input type="checkbox"/>	<input checked="" type="checkbox"/>		C CARTER CHARLES	8101 ROXBORO DRIVE	HUDSON, FL 34667	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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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 <u><i>Duane Farthing</i></u> <u>Duane Farthing</u> <u>4/17/08</u> <u>727-849-4210</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																														

00014641



**Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500**

ATTACHMENT

#66014641

Reference # 742029

In regard to your question on the mailing address for our corporation, 6800 Trouble Creek Road is our new mailing address. Due to a misunderstanding with the post office, we must erect an exterior mail receptacle before they will deliver mail to our new address. Previously, we had inside mail delivery. A receptacle is being set up in the next few days to continue our mail delivery at our new location.

Please find the required signature on the annual report form we are returning to you.

Sincerely,

Maryann Christensen

**Maryann Christensen
Financial Secretary
enc**