

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742029

FILED  
Apr 08, 2009  
Secretary of State

**Entity Name:** THE FIRST BAPTIST CHURCH OF NEW PORT RICHEY

**Current Principal Place of Business:**

6800 TROUBLE CREEK RD  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

6800 TROUBLE CREEK RD  
NEW PORT RICHEY, FL 34653

**New Mailing Address:**

**FEI Number:** 59-1319421

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURROUGHS, MICHAEL  
6800 TROUBLE CREEK RD  
NEW PORT RICHEY, FL 34653 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: WELLBORN, DIANA  
Address: 4939 AMRINE PARKWAY, APT 219  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete  
Name: PERDUE, CONNIE M  
Address: 6619 CATALPAS DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete  
Name: KING, RUSS  
Address: 4318 OKLAWAHA LN  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: T ( ) Delete  
Name: FARTHING, DUANE  
Address: 3546 KAUNA POINT DRIVE  
City-St-Zip: HOLIDAY, FL 34691

Title: D ( ) Delete  
Name: SELLS, CAROLYN  
Address: 9640 RIDGE ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: C ( ) Delete  
Name: CARTER, CHARLES  
Address: 8101 ROXBORO DRIVE  
City-St-Zip: HUDSON, FL 34667

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: PHILLIPS, DAVID  
Address: 3540 COCKATOO DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change ( ) Addition  
Name: MOLES, CHARLES  
Address: 4502 FOXBORO DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID PHILLIPS

T

04/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date