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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 747200

1. Corporation Name

IMMANUEL LUTHERAN CHURCH OF NEW PORT RICHEY, INC

Principal Place of Business

8410 SYCAMORE DR  
NEW PORT RICHEY FL 34654

Mailing Address

8410 SYCAMORE DR  
NEW PORT RICHEY FL 34654



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/16/1979

4. FEI Number

59-2256367

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

VALIENTE, VERONICA  
8946 STERLING LANE  
NEW PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BARTLETT, RICHARD  
STREET ADDRESS 7912 CAYUGA DR.  
CITY-ST-ZIP NEW PORT RICHEY FL

☒ DELETE

TITLE V  
NAME LOGSTON, JOHN  
STREET ADDRESS 8410 SYCAMORE DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34654

☐ DELETE

TITLE SD  
NAME MOSCHELLA, JOYCE  
STREET ADDRESS 8545 WHITESPRING DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

☒ DELETE

TITLE TD  
NAME VALIENTE, VERONICA  
STREET ADDRESS 8646 STERLING LANE  
CITY-ST-ZIP NEW PORT RICHEY FL 34668

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME W. Borresson  
1.3 STREET ADDRESS 8410 SYCAMORE DR  
1.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34654

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Veronica Valiente

Date

Daytime Phone #

1-1-99

727-845-479

0071443

CR2E037 (1/98)