

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 20, 2000 8:00 am
Secretary of State

03-10-2000 90012 047 ****61.25

DOCUMENT # 747200

1. Entity 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 34654-5629
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2256367	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

VALIENTE, VERONICA
8946 STERLING LANE
NEW PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE PD	NAME BORRESSON, W.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 8410 SYCAMORE DR		
CITY-ST-ZIP NEW PORT RICHEY FL 34654		
TITLE V	NAME LOGSTON, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 8410 SYCAMORE DR		
CITY-ST-ZIP NEW PORT RICHEY FL 34654		
TITLE SD	NAME MOSCHELLA, JOYCE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 8545 WHITESPRING DR		
CITY-ST-ZIP NEW PORT RICHEY FL 34655		
TITLE TD	NAME VALIENTE, VERONICA	<input type="checkbox"/> Delete
STREET ADDRESS 8646 STERLING LANE		
CITY-ST-ZIP NEW PORT RICHEY FL 34668		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD	NAME Webb, William	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8600 Cessna Rd., New Port Richey 34654		
TITLE V	NAME Becwar, David	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7340 America Way, New Port Richey 34654		
TITLE SD	NAME Rasmussen, Virginia	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 9331 Dañtel Dr., New Port Richey, 34654		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

12. 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 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: William R. Webb Date: 2/20/2000 Daytime Phone #: (727) 897-8172