

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90110 005 \*\*\*\*61.25

20033383



02102005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 747200</b>					
1. Entity Name <b>IMMANUEL LUTHERAN CHURCH OF NEW PORT RICHEY, INC.</b>					
Principal Place of Business <b>8410 SYCAMORE DR NEW PORT RICHEY, FL 34654</b>			Mailing Address <b>8410 SYCAMORE DR NEW PORT RICHEY, FL 34654</b>		
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 <b>59-2256367</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ASHTON, RAYMOND 9302 BEARCAT RD NEW PORT RICHEY, FL 34655</b>			Name <b>BEAUDRIE, THOMAS</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>8312 Mill Creek Lane</b>		
			City <b>Bayonet Point</b>		
			Zip Code <b>FL 34667</b>		
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 <u>THOMAS BEAUDRIE</u> DATE <u>4-10-05</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$81.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ASHTON, RAYMOND 9302 BEARCAT RD NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Beaudrie, Thomas 8312 Mill Creek Lane Bayonet Point FL 34667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SAMPSON, CHRISTIE 7340 CAY DR PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Paone, Dorothy 12014 Blaze Lane New Port Richey FL 34654	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MUNDY, CHARLES 8604 SPLIT RAIL LN BAYONET POINT, FL 34667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BORRESON, DIANE 13600 WOODWARD DR HUDSON, FL 34667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Thomas Beaudrie</u> Date <u>4/10/2005</u> Daytime Phone # <u>727 6910723</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					