

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



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		
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			7. Name and Address of New Registered Agent		
ASHTON, RAYMOND 9302 BEARCAT RD NEW PORT RICHEY, FL 34655			Name BEAUDRIE, THOMAS		
			Street Address (P.O. Box Number is Not Acceptable) 8312 Mill Creek Lane		
			City Bayonet Point		FL
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 <i>THOMAS BEAUDRIE</i>		(NOTE: Registered Agent signature required when reinstating)		DATE 4-10-05	
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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASHTON, RAYMOND		NAME	Beaudrie, Thomas	
STREET ADDRESS	9302 BEARCAT RD		STREET ADDRESS	8312 Mill Creek Lane	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	Bayonet Point FL 34667	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMPSON, CHRISTIE		NAME	Paone, Dorothy	
STREET ADDRESS	7340 CAY DR		STREET ADDRESS	12014 Blaze Lane	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	New Port Richey FL 34654	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNDY, CHARLES		NAME		
STREET ADDRESS	8604 SPLIT RAIL LN		STREET ADDRESS		
CITY-ST-ZIP	BAYONET POINT, FL 34667		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORRESON, DIANE		NAME		
STREET ADDRESS	13600 WOODWARD DR		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Thomas Beaudrie</i>		Date 4/10/2005		Daytime Phone # 727 6910723	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					