


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90009 023 ****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			
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 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 8312 MILL CREEK LANE HUDSON, FL 34667			Name <u>Tom Bowdrie</u> Street Address (P.O. Box Number is Not Acceptable) <u>8312 Mill Creek Lane</u> City <u>Hudson</u> FL Zip Code <u>34667</u>		
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 Bowdrie</u>			DATE <u>2-9-06</u>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2006		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 type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUDRIE, THOMAS		NAME		
STREET ADDRESS	8312 MILL CREEK LANE		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAONE, DOROTHY		NAME		
STREET ADDRESS	12014 BLAZE LANE		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654		CITY-ST-ZIP		
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 checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORRESON, DIANE		NAME	<u>TD Richard L. Harrison</u>	
STREET ADDRESS	13600 WOODWARD DR		STREET ADDRESS	<u>1161 Leda Ln.</u>	
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP	<u>New Port Richey, FL 34654</u>	
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 exemptions contained 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 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>Charles Mundy</u>			Date <u>Mar 2, 2006</u> Daytime Phone # <u>862-1757</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					