2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747200

1. Entity Name

IMMANUEL LUTHERAN CHURCH OF NEW PORT RICHEY, INC.

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90947 050 ****61.25

	E LOTTILITAN OHOHOT OF	NEW TOTT THE	// IL1, IIIO						
Principal Place of Business Mailing			s						
8410 SYCAMORE DR NEW PORT RICHEY FL 34654		8410 SYCAMORE	8410 SYCAMORE DR NEW PORT RICHEY FL 34654						
						DIL K ari d ik e ra ab iki ee ri k	HAN AMAN AMAN İMBILDI		
2. Principal Place of Business		3. Mailing Addr	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State			9-2256367		pplied For ot Applicable	
Zip	Zip Country Z		ip Country		5. Certificate of S	5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Add	ress of New Regis	·		
	المعادية المعارض المساحقين			. Name	and the second second second	The second secon	· ·		
BECWAR, DAVID				Raymond Ashton Street Address (P.O. Box Number is Not Acceptable)					
7340 AMERICA WAY				9302 Bearcat Rd.					
NEW POF	RT RICHEY FL 34654				Nov. Dome Di-1				
				City	New Port Rich	iey,	FL Zip Coo	ie 1655	
	named entity submits this statement	for the purpose of ch	anging its register	red office or reg	gistered agent, or both, in	the State of Florida.	. I am familiar with,	and accept	
tne obligat	ions of registered agent.			Λ	1 00		,		
	Raymond Ashton, Pro	esident	* Alaun	J/ /		9	1/26/03		
SIGNATURE .	Signature, typed or printed name of registered age		(NOTE: Register	ed Agent signature re	equired when reinstating)		DATE		
		•				Males	Ohasia Davabia	4.0	
,	FILE NOW: FEE IS \$61.25	l l	ection Campaign ust Fund Contribu	· · ·	\$5.00 May Be Added to Fees		Check Payable Department of		
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANG	L ES TO OFFICERS A	ND DIRECTORS IN	N 10	
TITLE	PD	X (elete TITI	LE			Change	☐ Addition	
NAME	BECWAR, DAVID		NA	ME	PD	Darmand	/A.\	☐ Addition	
STREET ADDRESS	7340 AMERICA WAY			EET ADDRESS	Ashton, 9302 Bea				
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	***********	CIT	Y-ST-ZIP			- 3//CEE		
TITLE	SD	□ c		I .	New TOLL	Richey, F	L 34032 hange	Addition	
NAME	BAREISS, DORIS		NAM	l l					
STREET ADDRESS CITY-ST-ZIP	10301 BELLWOOD AVE		1	EET ADDRESS Y-ST-ZIP					
	NEW PORT RICHEY FL 34654				*			□ Addbloo	
TITLE NAME	VPD ASHTON, RAY		lelete TITI	- 1	VPD		Change	☐ Addition	
STREET ADDRESS	9302 BEARCAT RD			EET ADDRESS	Charles N				
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		CIT	Y-ST-ZIP	8604 Spli	it Rail Lar	ne		
TITLE	TD	10 /r	elete TITI	E	Bayonet I	oint, FL 3	34667 Change	Addition	
NAME							·/~	_ }	
111300	PEALTZGRAF, JEANNE	*	NAM	AE	TD		•	ı	
STREET ADDRESS	PEALTZGRAF, JEANNE 7608 SEQUOIA DR	7 .	NAM STR	EET ADDRESS	TD	leau	•		
			NAM STR		TD Frank Nac	leau Affev Dr. 4	\nt. n		
STREET ADDRESS	7608 SEQUOIA DR		NAM Str Cit	EET ADDRESS Y-ST-ZIP	TD Frank Nac	leau lffey Dr. A Richev. FI	Apt. D. Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	7608 SEQUOIA DR		NAM STR CIT Helete TITI	EET ADDRESS Y-ST-ZIP .E ME	TD Frank Nac	leau Iffey Dr. A Richey, FI	Apt. D Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	7608 SEQUOIA DR		NAI STR CIT Velete TITI NAI STR	EET ADDRESS Y-ST-ZIP .E ME .EET ADDRESS	TD Frank Nac	deau lffey Dr. A Richey, FI	Apt. B. Change	☐ Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	7608 SEQUOIA DR		NAM STR CIT Pelete TITI NAM STR CIT Pelete TITI NAM	EET ADDRESS Y-ST-ZIP EE ME EET ADDRESS Y-ST-ZIP EE ME	TD Frank Nac	deau lffey Dr. / Richey, FI	·		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	7608 SEQUOIA DR		Pelete TITI NAM STR CIT' Helete TITI NAM STR STR	EET ADDRESS Y-ST-ZIP E ME EET ADDRESS Y-ST-ZIP E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E	TD Frank Nac	deau offey Dr. A Richey, FI	·		

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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: