

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90947 050 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2256367** Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECWAR, DAVID  
7340 AMERICA WAY  
NEW PORT RICHEY FL 34654**

Name  
**Raymond Ashton**  
Street Address (P.O. Box Number is Not Acceptable)  
**9302 Bearcat Rd.**  
**New Port Richey,**  
City **FL** Zip Code **34655**

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 **Raymond Ashton, President**

*Raymond Ashton*  
(NOTE: Registered Agent signature required when reinstating)

**2/26/03**  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BECWAR, DAVID 7340 AMERICA WAY NEW PORT RICHEY FL 34654</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BAREISS, DORIS 10301 BELLWOOD AVE NEW PORT RICHEY FL 34654</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD ASHTON, RAY 9302 BEARCAT RD NEW PORT RICHEY FL 34655</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD PEALTZGRAF, JEANNE 7608 SEQUOIA DR NEW PORT RICHEY FL 34653</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Ashton, Raymond 9302 Bearcat Rd. New Port Richey, FL 34655</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD Charles Mundy 8604 Split Rail Lane Bayonet Point, FL 34667</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD Frank Nadeau 7448 Mahaffey Dr. Apt. D New Port Richey, FL 34653</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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:

*Frank Nadeau*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb. 21, 2003 (727) 847-2130**

CR2E037 (10/02)