

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 766771 (0)  
1. Corporation Name  
PORT RICHEY TRINITY CHURCH OF THE NAZARENE INC.



Principal Place of Business Mailing Address  
11038 LITTLE RD 11038 LITTLE RD  
NEW PORT RICHEY FL 34654 NEW PORT RICHEY FL 34654

3. Date Incorporated or Qualified 01/31/1983 3a. Date of Last Report 03/03/1995  
4. FEI Number 59-1699970 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 11038 Little Rd. 26 11038 Little Rd.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 New Port Richey, Fl. 28 New Port Richey, Fl.  
24 Zip 25 Country 29 Zip 30 Country  
34654 Pasco 34654 Pasco

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REED, DARYL L  
7335 ABALONE DRIVE  
PORT RICHEY FL 34668

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Rev. Daryl Reed* Rev. Daryl Reed Pastor  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

1-27-96  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PAST <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, DARYL L	12 NAME	
STREET ADDRESS	7335 ABALONE DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	14 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVISON, NONA	22 NAME	S Robert Ward
STREET ADDRESS	6530 DRIFTWOOD DRIVE	23 STREET ADDRESS	15332 Bermondsey St. PO Box 6168
CITY-ST-ZIP	HUDSON FL	24 CITY-ST-ZIP	Hudson, FL. 34674
TITLE	S <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBB, CLIFFORD	32 NAME	900001842029
STREET ADDRESS	6026 BEST DRIVE	33 STREET ADDRESS	-05/29/96--01022--017
CITY-ST-ZIP	PORT RICHEY FL	34 CITY-ST-ZIP	***61.25
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, LEWIS	42 NAME	D
STREET ADDRESS	12115 MAC DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	44 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGEL, MEL	52 NAME	D Dorothy Wooton
STREET ADDRESS	7636 CURTIS STREET	53 STREET ADDRESS	3860 Light House Way, N.P.R. FL.
CITY-ST-ZIP	HUDSON FL	54 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABNER, MIYAKO	62 NAME	T Frances Hardin
STREET ADDRESS	6353 HOLIDAY DRIVE	63 STREET ADDRESS	3625 Spring Valley Dr.
CITY-ST-ZIP	SPRING HILL FL	64 CITY-ST-ZIP	New Port Richey, FL. 34655

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.73(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rev. Daryl Reed* Rev. Daryl Reed, Pastor  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/96 863-7246  
Date Daytime Phone #

CR2E037 (12/95)