


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 11038 LITTLE RD NEW PORT RICHEY FL 34654		Mailing Address 11038 LITTLE RD NEW PORT RICHEY FL 34654-2516	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 01/31/1983		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-1699970		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent REED, DARYL L 7335 ABALONE DRIVE PORT RICHEY FL 34668		10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PAST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, DARYL L	1.2 NAME	
STREET ADDRESS	7335 ABALONE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, ROBERT	2.2 NAME	May Douglass
STREET ADDRESS	15332 BERMONDSEY ST., POP BOX 6168	2.3 STREET ADDRESS	6046 East Dr.
CITY-ST-ZIP	HUDSON FL 34674	2.4 CITY-ST-ZIP	Port Richey, FL 34668
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBB, CLIFFORD	3.2 NAME	
STREET ADDRESS	6026 BEST DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, LEWIS	4.2 NAME	Tom Brock
STREET ADDRESS	12115 MAC DRIVE	4.3 STREET ADDRESS	6825 Mesa Verde
CITY-ST-ZIP	HUDSON FL	4.4 CITY-ST-ZIP	Port Richey FL 34668
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOTON, DOROTHY	5.2 NAME	Gayle Davis
STREET ADDRESS	3880 LIGHTHOUSE WAY	5.3 STREET ADDRESS	7425 Gimbal Lane
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP	New Port Richey FL 34653
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDIN, FRANCES	6.2 NAME	
STREET ADDRESS	3625 SPRING VALLEY DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	6.4 CITY-ST-ZIP	
14. I do 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 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: <i>Rev. Daryl Reed</i>		4/9/97 863-7266	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone # 0088081	

CR2E037 (9/96)