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**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90177 024 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 766771**

1. Corporation Name

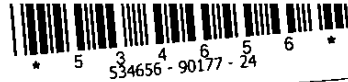
**PORT RICHEY TRINITY CHURCH OF THE NAZARENE INC.**

Principal Place of Business

11038 LITTLE RD  
NEW PORT RICHEY FL 34654

Mailing Address

11038 LITTLE RD  
NEW PORT RICHEY FL 34654



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/31/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1699970

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip Country

Zip Country

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REED, DARYL L  
7917 KELPIE DR  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME REED, DARYL L  
STREET ADDRESS 7335 ABALONE DRIVE  
CITY-ST-ZIP PORT RICHEY FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME S  
STREET ADDRESS DOUGLAS, MAE  
6046 EASY DR  
CITY-ST-ZIP PORT RICHEY FL 34668

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME S  
STREET ADDRESS GRUBB, CLIFFORD  
6026 BEST DRIVE  
CITY-ST-ZIP PORT RICHEY FL

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D  
STREET ADDRESS BROCK, TOM  
6825 MESA VERDE  
CITY-ST-ZIP PORT RICHEY FL 34668

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D  
STREET ADDRESS DAVIS, GAYLE  
7425 GIMBAL LN  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME T  
STREET ADDRESS HARDIN, FRANCES  
3625 SPRING VALLEY DR.  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: Rev. S. Daryl Reed Date: 5/5/99 Daytime Phone #: 727-863-7266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)