

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State

06-24-2002 90300 016 ****61.25

DOCUMENT # 766771

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1699970**

Applied For
 Not Applicable

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

**REED, DARYL L
 7917 KELPIE DR
 PORT RICHEY FL 34668**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PAST	<input type="checkbox"/> Delete
NAME	REED, DARYL L	
STREET ADDRESS	7335 ABALONE DRIVE	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HUNT, ELEANOR	
STREET ADDRESS	4949 BOSTONIAN LOOP	
CITY-ST-ZIP	NEW PORT RICHEY FL 34665	
TITLE	T	<input type="checkbox"/> Delete
NAME	WIPERT, DON	
STREET ADDRESS	9604 STAR TRAIL	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROCK, TOM	
STREET ADDRESS	6825 MESA VERDE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input type="checkbox"/> Delete
NAME	IVINS, MARY	
STREET ADDRESS	7804 LOTUS DRIVE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANNON, LINDA	
STREET ADDRESS	6909 TIERRA LINDA STREET	
CITY-ST-ZIP	PORT RICHEY FL 34668	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Naomi Wipert	
STREET ADDRESS	11240 meadow DR.	
CITY-ST-ZIP	Port Richey FL 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Daryl L Reed*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Reed

Date

4/16/02

Daytime Phone #

727-863-7266

CR2E037 (9/01)