

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # C10002 (9)**

1. Corporation Name

**THE FIRST EVANGELICAL LUTHERAN CHURCH OF NEW PORT RICHEY, FLORIDA**



Principal Place of Business

Mailing Address

**6030 POLK STREET  
NEW PORT RICHEY FL 34653**

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NEW PORT RICHEY FL 34653**

3. Date Incorporated or Qualified  
**06/12/1992**

3a. Date of Last Report  
**04/13/1995**

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number  
**59-2611469**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH-WEBB, MARY BETH  
6030 POLK ST  
NEW PORT RICHEY FL 34653**

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 filing

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **SMITH-WEBB, MARY BETH**  
STREET ADDRESS **7941 SYCAMORE DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **VD** ☐ DELETE  
NAME **REED, WILLIAM**  
STREET ADDRESS **3333 MEXICALI ST**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **TD** ☐ DELETE  
NAME **WEBB, EUGENE**  
STREET ADDRESS **7941 SYCAMORE DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **SD** ☐ DELETE  
NAME **HEISKANEN, ALLI**  
STREET ADDRESS **5646 OAKRIDGE AVE.**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **D** ☐ DELETE  
NAME **STRAND, DOROTHY**  
STREET ADDRESS **7941 DEER FOOT DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **D** ☐ DELETE  
NAME **BEYRITZ, ROSE**  
STREET ADDRESS **5051 MANOR DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

☒ Change ☐ Addition

21 TITLE **VD**  
22 NAME **Baldwin, William**  
23 STREET ADDRESS **5923 Florida Ave.**  
24 CITY-ST-ZIP **New Port Richey FL 34652**

☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☒ Change ☐ Addition

41 TITLE **SD**  
42 NAME **Wilhelm Albrecht, Wilhelm**  
43 STREET ADDRESS **6420 Woodland Ave.**  
44 CITY-ST-ZIP **New Port Richey FL 34653**

☒ Change ☐ Addition

51 TITLE **D**  
52 NAME **Goguen, Eunice**  
53 STREET ADDRESS **6445 Ridgcrest Dr.**  
54 CITY-ST-ZIP **Port Richey FL 34658**

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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 119.07(3)(k), 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: *Marybeth Smith-Webb*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

813-849-1520

Date

Daytime Phone #

CR2E037 (12/95)