


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 6414 DELAWARE AVE. NEW PORT RICHEY FL 34653 US			Mailing Address 6414 DELAWARE AVE. NEW PORT RICHEY FL 34653 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2611469	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent SMITH-WEBB, MARY BETH 6414 DELAWARE AVE. NEW PORT RICHEY FL 34653			10. Name and Address of New Registered Agent		
			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84	City	85 Zip Code
			FL		
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	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH-WEBB, MARY BETH		1.2 NAME		
STREET ADDRESS	6930 BRAMBLEWOOD DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL		1.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLADWIN, WILLIAM		2.2 NAME		
STREET ADDRESS	3333 MEXICALI ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, MARY A		3.2 NAME		
STREET ADDRESS	5626 BLUE HARBOR DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALBRECHT, WILHELMINE		4.2 NAME		
STREET ADDRESS	6420 WOODLAND AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOGUEN, EUNICE		5.2 NAME		
STREET ADDRESS	6445 RIDGECREST DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL 34668		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEYRITZ, ROSE		6.2 NAME		
STREET ADDRESS	5051 MANOR DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		6.4 CITY-ST-ZIP		



CR2E037 (10/97)

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.

SIGNATURE: Mary A. Miller MARY A. MILLER 1-9-98 8482039