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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # C10002

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

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

06/12/1992

4. FEI Number

59-2611469

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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

TITLE P ☐ DELETE

NAME SMITH-WEBB, MARY BETH
STREET ADDRESS 6930 BRAMBLEWOOD DR.
CITY-ST-ZIP PORT RICHEY FL

TITLE VP ☐ DELETE

NAME BLADWIN, WILLIAM
STREET ADDRESS 3333 MEXICALI ST
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE TD ☐ DELETE

NAME MILLER, MARY A
STREET ADDRESS 5626 BLUE HARBOR DR.
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE SD ☐ DELETE

NAME ALBRECHT, WILHELMINE
STREET ADDRESS 6420 WOODLAND AVE.
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE D ☐ DELETE

NAME GOGUEN, EUNICE
STREET ADDRESS 6445 RIDGECREST DR.
CITY-ST-ZIP PORT RICHEY FL 34668

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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: *Mary A Miller* SIGNATURE REQUIRED MILLER JAN 1 99 8482039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)