

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90028 037 ****61.25

DOCUMENT # N46530

1. Entity Name
NEW RIVER METHODIST CHURCH, INC.



Principal Place of Business
4210 ERNEST DRIVE
ZEPHYRHILLS, FL 33543

Mailing Address
4210 ERNEST DRIVE
ZEPHYRHILLS, FL 33543

4000000000



02032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3106045

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PERKINS, FRED WILLIAM
4210 ERNEST DRIVE
ZEPHYRHILLS, FL 33543

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	COOPER, JAMES
STREET ADDRESS	30650 DOUBLE DRIVE 4053 Constantine Loop
CITY-ST-ZIP	ZEPHYRHILLS, FL 33544 Wesley Chapel 33543
TITLE	PD
NAME	SWISHER, CHRIS
STREET ADDRESS	3525 NEW RIVER ROAD
CITY-ST-ZIP	ZEPHYRHILLS, FL 33543
TITLE	DS
NAME	HICKS, JAN Martin Dickfuss
STREET ADDRESS	5030 PINELAKE RD 3626 Morris Bridge Rd.
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543 2 Hills, 33543
TITLE	C
NAME	PERKINS, FRED REV.
STREET ADDRESS	4210 ERNEST DRIVE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33543
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/08

Date

813-783-2225

Daytime Phone #