

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 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 # **N94000004336 (3)**

1. Corporation Name

CHRIST CHAPEL OF NEW PORT RICHEY, INC.

Principal Place of Business

**6315 ADAMS ST
NEW PORT RICHEY FL 34653**

Mailing Address

**6315 ADAMS ST
NEW PORT RICHEY FL 34653**

3. Date incorporated or Qualified

08/16/1994

4. FEI Number

59-3266300

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

5108 Sunset Blvd

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

City & State

24

Zip

Country

28

Zip

Country

25

29

34668

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIGDON, R. MARDI
6315 ADAMS ST
NEW PORT RICHEY FL 34653**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
5108 Sunset Blvd

83

84 City **Port Richey**

FL

85 Zip Code
34668

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 NAME STREET ADDRESS CITY-ST-ZIP

**VTD
WINTJEN, HELEN
9105 LEDGESTONE LN
PORT RICHEY FL 34668**

☒ DELETE

**PD
BECK, HELEN
6016 PENNSYLVANIA AVE
NEW PORT RICHEY FL**

☒ DELETE

**SD
CAROLYNN ANDERSON
7748-C HARDWAY
NEW PORT RICHEY FL**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

**PD
Ron Haines
5800 State Road 54
New Port Richey FL 34652**

☐ Change ☒ Addition

**2.1 TITLE
VTD
Lori Vassalli
1631 Paige Rd
Port Richey, FL 34668**

☐ Change ☒ Addition

**3.1 TITLE
SD
Linda Inlow
6351 Tralee
New Port Richey FL 34653**

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda L. Inlow

4/27/98

839429330

Daytime Phone #

CR2E037 (10/97)