


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90195 012 \*\*\*\*61.25

<b>DOCUMENT # N95000000488</b> 1. Entity Name <b>ALL SOULS UNITED EPISCOPAL CHURCH OF WEST PASCO COUNTY, INC.</b>					
Principal Place of Business <b>DAVAREE</b> <b>6711 JEFFERSON POINT</b> <b>NEW PORT RICHEY, FL 34652 US</b>			Mailing Address <b>6936 AMERILLO ST</b> <b>PORT RICHEY, FL 34668 US</b>		
2. Principal Place of Business <b>FIRST LUTHERAN CHURCH</b>		3. Mailing Address  			
Suite, Apt. #, etc. <b>6416 DELAWARE AVE</b>		Suite, Apt. #, etc.  			
City & State <b>NEW PORT RICHEY, FL</b>		City & State  			
Zip <b>34653</b>		Country <b>PASCO</b>		Zip  	
Country  		4. FEI Number <b>NOT APPLICABLE</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>SKIPPER, MAX</b> <b>6936 AMARILLO ST.</b> <b>PORT RICHEY, FL 34668</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>D</b> NAME <b>YOUNG, ADA</b> STREET ADDRESS <b>5727 BISCAYNE CT #205</b> CITY-ST-ZIP <b>NEW PORT RICHEY, FL 34652</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>TREASURER</b> NAME <b>SARAH D. JENKINS</b> STREET ADDRESS <b>22585 LAIKA AVENUE</b> CITY-ST-ZIP <b>PORT CHARLOTTE, FL 33952</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>RILEY, SARAH B</b> STREET ADDRESS <b>8853 COCHISE LANE</b> CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>	<input type="checkbox"/> Delete		TITLE <b>SECRETARY</b> NAME <b>DOROTHY DENNEWITE</b> STREET ADDRESS <b>9911 AQUARIS DR APT 4</b> CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>TOWERS, ANNE</b> STREET ADDRESS <b>6420 PENSIVE DR.</b> CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>D</b> NAME <b>DENNEWITE, JOHN D</b> STREET ADDRESS <b>9911 AQUARIS DR APT 4</b> CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>D</b> NAME <b>VITALE, VERA</b> STREET ADDRESS <b>7334 ABINGTON AVE</b> CITY-ST-ZIP <b>NEW PORT RICHEY, FL 34655</b>	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>D</b> NAME <b>SKIPPER, MAX E</b> STREET ADDRESS <b>6936 AMARILLO ST</b> CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <i>Sarah D. Jenkins, Treasurer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/24/06 (94) 764-1333 x201 Date Daytime Phone #		