## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 21, 2008 08:00 All Secretary of State DOCUMENT # N95000001518 UNION MISSIONARY BAPTIST CHURCH OF PORT RICHEY, INC. Principal Place of Business Mailing Address 6235 PINEHILL ROAD 6235 PINEHILL ROAD PORT RICHEY FL 34668 PORT RICHEY FL 34668 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-3453578 Not Applicable Country PASCO Ζiρ Zip \$8.75 Additional 5. Certificate of Status Desired ASCO Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IVERSON, JAMES E Street Address (P.O. Box Number is Not Acceptable) UNION MISSIONARY BAPTIST CHURCH 6235 PINEHILL ROAD PORT RICHEY FL 34668 Zip Code City 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 (not used when ministrating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delote TITLE ☐ Change Addition **BUTTS, STANLEY** NAME 2707 RAVEBDALE STREET ADDRESS STREET ADDRESS U00000833935 HOLIDAY FL 34691 CITY-ST-ZIP CITY - ST - ZiP THE ☐ Detate TITLE Change Addition IVERSON, JAMES E NAME 6209 CARDINAL CREST DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF NEW PORT RICHEY FL 34655 CITY- ST-ZiP TITLE THE Change Addition □ Delate JOHNSON, GEORGE T NAME NAME 7810 FLICNTLOCK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT RICHEY FL 34668 CITY-ST 7:P TITLE Change Addition ☐ Delete IIIL WRIGHT, BERTHA C NA JŁ NAME 9342 WHISPERING MEADOW COURT STREET ADDRESS STREET ADDRESS CITY+ST-ZIF NEW PORT RICHEY FL 34655 CITY-ST-ZP tinn ☐ Delete ☐ Change ■ Addition unr NAME NASA STREET AUDILISS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP THE ☐ Delete BBC Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-2/P

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 lagar 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 appears in all other like empowered.

SIGNATI IRE

FILED