

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705487

**Entity Name:** FIRST UNITED METHODIST CHURCH OF NEW PORT RICHEY, INC.**FILED**  
**Mar 22, 2020**  
**Secretary of State**  
**2355418686CC****Current Principal Place of Business:**5901 INDIANA AVE  
NEW PORT RICHEY, FL 34652**Current Mailing Address:**5901 INDIANA AVE  
NEW PORT RICHEY, FL 34652 US**FEI Number: 59-1004598****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BABCOCK, JOHANNA  
5901 INDIANA AVE  
NEW PORT RICHEY, FL 34653 US*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.***SIGNATURE:** JOHANNA BABCOCK**03/22/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TRUSTEE
Name	MARV, HIUSER
Address	5901 INDIANA AVE
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	TRUSTEE
Name	LEWIS, JEAN ANN
Address	5901 INDIANA AVE
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	TRUSTEE
Name	LUCAS, PHIL
Address	5901 INDIANA AVE
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	TRUSTEE
Name	YOUNG, STEVE
Address	5901 INDIANA AVE
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	CHAIRMAN
Name	VAUGHN, RICHARD
Address	5901 INDIANA AVE
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	TRUSTEE
Name	MAYTUM, WILLIAM
Address	5901 INDIANA AVE
City-State-Zip:	NEW PORT RICHEY FL 34652

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEAN ANN LEWIS**TRUSTEE****03/22/2020**

Electronic Signature of Signing Officer/Director Detail

Date