

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

1997 OCT -6 AM 10: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751750 (1)

1. Corporation Name

TRINITY BAPTIST CHURCH OF NEW PORT RICHEY, FLORIDA, INC.

Principal Place of Business

Mailing Address

%REV. ANDY ANDERSON
P. O. BOX 1746 5725 ROWAN RD.
NEW PORT RICHEY FL 34656
US

%REV. ANDY ANDERSON
P.O. BOX 1746 5725 ROWAN RD.
NEW PORT RICHEY FL 34656
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1980

3a. Date of Last Report

03/21/1996

4. FEI Number

59-2073462

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

Trinity Baptist Church
Box 5725 Rowan Rd.
New Port Richey, FL 34653

2a. Mailing Address

5725 Rowan Rd
Suite, Apt. #, etc.
New Port Richey

City & State

City & State

Zip

Country

Zip

Country

24

25

28

34653

30

FL 34653

9. Name and Address of Current Registered Agent

REV. ANDY ANDERSON
10316 TURKEY OAK DRIVE
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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

TD
CRIMSON, DARLENE
3532 BIGELOW DR
HOLIDAY FL

☒ DELETE

CD
ATKINSON, WAYNE
4939 BARTELT RD
HOLIDAY FL

☒ DELETE

SD
BENNETT, JANICE
9835 LAKESIDE LANE
PORT RICHEY FL

☐ DELETE

D
TUCKER, W.E.

☒ DELETE

OD
ODDESSA FL

☐ DELETE

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

PASTOR D
ANDY ANDERSON
10316 TURKEY OAK DR
NEW PORT RICHEY FL

☐ Change

☒ Addition

TD
KATHRYN MERCKLE
5238 DARLINGTON RD.
HOLIDAY, FL 34640-4101

☐ Change

☒ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

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

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14. I do 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 REQUIRED

JANICE BENNETT

10/6/97

CR2E037 (4/97)