

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734795

1. Corporation Name

Bible Truth Chapel Of New Port Richey
Incorporated

Principal Place of Business

6915 Shady Acres Blvd. P.O. Box 1598
P.O. Box 1598 New Port Richey, Fl
New Port Richey Fl. 34653-3120 34653-3120

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/31/1975

3a. Date of Last Report
05/01/1994

4. FEI Number
59-1724593

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

5. Certificate of Status Desired

\$0.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGREGOR, WENDELL J
9132 Lakeview Dr.
New Port Richey, Fl. 34654

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/O
NAME LIVINGSTON, HAROLD F
STREET ADDRESS 12120 Carver Ave.
CITY - ST - ZIP New Port Richey, Fl 34654

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE V/O
NAME THOMAS, DAVID R.
STREET ADDRESS 5107 Circus Ln.
CITY - ST - ZIP New Port Richey, Fl.

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE S/O
NAME MCGREGOR, WENDELL
STREET ADDRESS 9132 Lakeview Dr.
CITY - ST - ZIP New Port Richey, Fl.

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this 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: *Harold F. Livingston* Harold F. Livingston 5/01/95 813-856-3336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number