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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734795** (8)

1. Corporation Name

**BIBLE TRUTH CHAPEL OF NEW PORT RICHEY, FLORIDA,
INCORPORATED**

Principal Place of Business

**6915 SHADY ACRES BLVD.
P O BOX 1598
NEW PORT RICHEY FL 34653-3120**

Mailing Address

**6915 SHADY ACRES BLVD.
P O BOX 1598
NEW PORT RICHEY FL 34653-3120**



3. Date Incorporated or Qualified **12/31/1975** 3a. Date of Last Report **02/09/1996**

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 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 *Wendell J. McGregor*

(NOTE: Registered Agent signature required when reinstating)

1/14/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	LIVINGSTON, HAROLD F	
STREET ADDRESS	12120 CARVER AVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL00000	
TITLE	VD	☐ DELETE
NAME	THOMAS, DAVID R	
STREET ADDRESS	5107 CIRCUS LN	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	SD	☐ DELETE
NAME	MCGREGOR, WENDELL	
STREET ADDRESS	9132 LAKEVIEW DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

Harold F. Livingston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 14, 1997
Date

813-845-5907
Daytime Phone #

CR2E037 (9/96)