2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91185 042 ****61.25

DOCUMENT # 734795

1. Entity Name: BIBLE TRUTH CHAPEL of NEW PORT Richey, FL INCORPORATED

C0070059

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6915 SHADY ACRES BLVD. NEW PORT Richey, FL 34653-3120	6915 SHADY ACRES BLVD. NEW PORT Richey, FL 34653-3120

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-1724593 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, KENNETH D.
8960 FAIRCHILD Ct.
NEW PORT Richey, FL 34654

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PEREZ, FLORENTINO 8120 Buttonball LANE PORT RICHEY, FL 34668	☒ Delete	PD HARRIS, KENNETH D 8960 FAIRCHILD Ct. NEW PORT RICHEY, FL 34654	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THOMAS, DAVID R 5107 CIRCUS LN NEW PORT RICHEY, FL 34653	☒ Delete	S/TD FALKNER, CHARLES R 8748 BASS LAKE DRIVE NEW PORT RICHEY FL. 34654	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD McGREGOR, WENDELL 9132 LAKEVIEW DR NEW PORT Richey, FL	☒ Delete	VP FALKNER, CAROLYN 8748 BASS LAKE DRIVE NEW PORT RICHEY FL 34654	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (11/00)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ KENNETH D. HARRIS MAY, 6, 01 (727) 849-7153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #