



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90115 044 ****61.25

DOCUMENT # 751750					
1. Entity Name TRINITY BAPTIST CHURCH OF NEW PORT RICHEY, FLORIDA, INC.					
Principal Place of Business 5725 ROWAN RD NEW PORT RICHEY, FL 34653 US			Mailing Address 5725 ROWAN RD NEW PORT RICHEY, FL 34653 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2073462	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ANDERSON, ANDY REV 10316 TURKEY OAK DRIVE NEW PORT RICHEY, FL 34654			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P. Vasseur, Larry	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, ANDY		NAME	5647 DALTON CT.	
STREET ADDRESS	10316 TURKEY OAK DR		STREET ADDRESS	NEW PORT RICHEY FL 34655	
CITY-ST-ZIP	NEW PORT RICHEY, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHERON, HELEN		NAME		
STREET ADDRESS	6888 PARKSIDE DR		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, JANICE		NAME		
STREET ADDRESS	9835 LAKESIDE LANE		STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D) PRITCHARD BILL	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCINTYRE, JERRY		NAME	7751 OLDFIELD RD	
STREET ADDRESS	7240 BRADSHAW DR		STREET ADDRESS	NEW PORT RICHEY FL 34653	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		3/27/06		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	