2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 751750

1. Entity Name
TRINITY BAPTIST CHURCH OF NEW PORT RICHEY,
FLORIDA. INC.



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

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

	., 1140.				OF THE PERSON NAMED IN					
Principal Place of Business Mailing Address 5725 ROWAN RD 5725 ROWAN RD										
			5725 ROWAN RD NEW PORT RICHEY, FL	34653	US					
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01112006	Chg-NP	CR2E0	37 (11/05)	
City & State			City & State			4. FEI Number 59-2073				plied For t Applicable
Zip Country		Zip	Zip Country			f Status Desired		\$8.75 Add	itional	
6. Name and Address of Current Regist			Registered Agent	ed Agent		7. Name and Address of New Registered Agent				
ANDERSO					Name					
ANDERSON, ANDY REV 10316 TURKEY OAK DRIVE NEW PORT RICHEY, FL 34654					Street Address (P.O. Box Number is Not Acceptable)					
NEW FORT RIGHET, PE 34034										
					City			FL	Zip Code	,
	named entity su ions of registered		the purpose of changing its	registere	ed office or regis	stered agent, or both,	, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE .							a.			
	Signature, typed or pr	inted name of registered agent a	and title if applicable. (NOTE	: Registered	d Agent signature requ	uired when reinstating)		DATE		
Filing Fee Is \$61.25 9. Election Campaign Fi						\$5.00 May Be	I		k payable to	
	Due by May				ion.	Added to Fees			tment of St	
TITLE	PD	OFFICERS AND DIF	Delete	11.	PIV	ADDITIONS/CHAP			RECIONS IN	Addition
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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:

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06

Daytime Phone #