


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90015 028 \*\*\*\*61.25

**DOCUMENT # 751750**

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



Principal Place of Business      Mailing Address  
**5725 ROWAN RD**      **5725 ROWAN RD**  
**NEW PORT RICHEY, FL 34653 US**      **NEW PORT RICHEY, FL 34653 US**

**40022997**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01232007    Chg-NP      CR2E037 (12/06)

4. FEI Number  
**59-2073462**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**ANDERSON, ANDY REV**  
**10316 TURKEY OAK DRIVE**  
**NEW PORT RICHEY, FL 34654**

**7. Name and Address of New Registered Agent**  
 Name  
**DR LARRY R VASSEUR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5647 DALTON CT**  
 City  
**NEW PORT RICHEY**      FL      Zip Code  
**34655**

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:       **DR. LARRY R. VASSEUR**      2/15/07  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PASTOR</b> <b>VASSEUR, LARRY</b> <b>5647 DALTON CT</b> <b>NEW PORT RICHEY, FL 34655</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MCPHERON, HELEN</b> <b>6888 PARKSIDE DR</b> <b>NEW PORT RICHEY, FL 34653</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD TREASURER</b> <b>BENNETT, JANICE</b> <b>9835 LAKESIDE LANE</b> <b>PORT RICHEY, FL 34668</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ELDER</b> <b>PRITCHARD, BILL</b> <b>7751 OLDFIELD ROAD</b> <b>NEW PORT RICHEY, FL 34653</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ELDER</b> <b>BOB VICK</b> <b>6905 FLORIDA ELM DR</b> <b>NEW PORT RICHEY FL 34653</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ELDER</b> <b>BOB BROOKS</b> <b>10733 FIREBRICK CT</b> <b>TRINITY FL 34655</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEACON</b> <b>DANNY DARBY</b> <b>5704 OLYMPIA</b> <b>NEW PORT RICHEY FL 34652</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEACON</b> <b>JIM LAMBERT</b> <b>12328 SHADOW BRIDGE BLVD</b> <b>HUDSON FL 34667</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEACON</b> <b>STEVE SHERLOCK</b> <b>4413 N.E. BLVD</b> <b>NEW PORT RICHEY FL 34652</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEACON</b> <b>BOB VANOVER</b> <b>3534 COCKATOO DR</b> <b>NEW PORT RICHEY FL 34652</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEACON</b> <b>BOB KEISER</b> <b>6252 EMERSON DR</b> <b>NEW PORT RICHEY FL 34653</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SUN SCHOOL DEPT</b> <b>PEGGLE GAMBLE</b> <b>8444 YEARLING LN</b> <b>NEW PORT RICHEY FL 34653</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:       **PASTOR LARRY VASSEUR**      2/15/07      842-2336  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #