


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90039 031 ****61.25

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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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VASSEUR, LARRY DR 5647 DALTON CT. NEW PORT RICHEY, FL 34654		Name R. William Pritchard Street Address (P.O. Box Number is Not Acceptable) 7751 Oldfield Rd City New Port Richey FL Zip Code 34653	
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 <i>R. William Pritchard</i>		Pastor R. William Pritchard 4/4/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.	
TITLE P <input checked="" type="checkbox"/> Delete	VASSEUR, LARRY	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Bob Vanover
STREET ADDRESS 5647 DALTON CT		STREET ADDRESS 3534 Cockatoo Dr	
CITY-ST-ZIP NEW PORT RICHEY, FL 34655		CITY-ST-ZIP New Port Richey, FL 34652	
TITLE SD <input type="checkbox"/> Delete	MCPHERON, HELEN	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Bob Keiser
STREET ADDRESS 6888 PARKSIDE DR		STREET ADDRESS 6252 Emerson Dr	
CITY-ST-ZIP NEW PORT RICHEY, FL 34653		CITY-ST-ZIP New Port Richey FL 34653	
TITLE TD <input type="checkbox"/> Delete	BENNETT, JANICE	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Lowell Barrett
STREET ADDRESS 9835 LAKESIDE LANE		STREET ADDRESS 9400 Dibot Ct	
CITY-ST-ZIP PORT RICHEY, FL 34668		CITY-ST-ZIP Hudson FL 34667	
TITLE D <input type="checkbox"/> Delete	PRITCHARD, BILL	TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7751 OLDFIELD ROAD		STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY, FL 34653		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Jim Lambert
STREET ADDRESS		STREET ADDRESS 12328 Shadow Ridge Blvd	
CITY-ST-ZIP		CITY-ST-ZIP Hudson FL 34667	
TITLE <input type="checkbox"/> Delete		TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Danny Darby
STREET ADDRESS		STREET ADDRESS 5704 Olympia	
CITY-ST-ZIP		CITY-ST-ZIP New Port Richey FL 34652	
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: <i>R. William Pritchard</i>		Pastor R. William Pritchard 4/4/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone # 727.848.9336	