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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N04091** **(7)**

1. Corporation Name

BIBLE TRUTH GOSPEL CENTER INC.

Principal Place of Business	Mailing Address
BIBLE TRUTH GOSPEL CENTER 630 UNION ST DUNEDIN FL 34698 US	1825 BARELONA DR DENEDIN FL 34698-2806 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 07/09/1984
3a. Date of Last Report: 01/29/1996
4. FEI Number: 59-2889444 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LOUCKS, SCOTT J.
1825 BARCELONA DR
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE ____ (NOTE: Registered Agent signature required when reinstating) DATE ____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LOUCKS, WILLIAM E.		1.2 NAME	
STREET ADDRESS	923 SANTA MONICA DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, T.FRANKLIN		2.2 NAME	
STREET ADDRESS	203LK.HIGHLANDER,1500CR1		2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, GERTRUDE S.		3.2 NAME	
STREET ADDRESS	203LK.HIGHLANDER,1500CR1		3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL		3.4 CITY-ST-ZIP	
TITLE	SD	☒ DELETE	4.1 TITLE	SD ☐ Change ☒ Addition
NAME	~~KIRBERGER, CRAIG~~		4.2 NAME	Mabeth Loucks
STREET ADDRESS	~~1630 GROVE LEAF AVE., E.~~		4.3 STREET ADDRESS	1444 Dexter Dr.
CITY-ST-ZIP	~~PALM HARBOR FL~~		4.4 CITY-ST-ZIP	Clearwater, FL.
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RHOAD, THOMAS S.		5.2 NAME	
STREET ADDRESS	2211 E. CITRUS WAY		5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL		5.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	6.1 TITLE	PD ☒ Change ☐ Addition
NAME	LOUCKS, SCOTT J.		6.2 NAME	Loucks, Scott J.
STREET ADDRESS	~~4300 WILDWOOD CT.~~	Address change →	6.3 STREET ADDRESS	1825 Barcelona Dr.
CITY-ST-ZIP	~~DUNEDIN FL~~		6.4 CITY-ST-ZIP	Dunedin, FL. 34698

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William E. Loucks — March 12, 1997 — 813-733-9421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0069505

CR2E037 (9/96)