

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 11, 2005
Secretary of State**

DOCUMENT# N04091

Entity Name: BIBLE TRUTH GOSPEL CENTER INC.

Current Principal Place of Business:

BIBLE TRUTH GOSPEL CENTER
630 UNION ST
DUNEDIN, FL 34698 US

New Principal Place of Business:

Current Mailing Address:

1825 BARELONA DR
DUNEDIN, FL 34698 US

New Mailing Address:

FEI Number: 59-2889444 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOUCKS, SCOTT J.
1825 BARCELONA DR
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: LOUCKS, WILLIAM E.,
Address: 923 SANTA MONICA DR.
City-St-Zip: DUNEDIN, FL

Title: SD () Delete
Name: LOUCKS, MABETH
Address: 1444 DEXTER DR
City-St-Zip: CLEARWATER, FL

Title: VD () Delete
Name: RHOAD, THOMAS S.,
Address: 2211 E. CITRUS WAY
City-St-Zip: PALM HARBOR, FL

Title: PD () Delete
Name: LOUCKS, SCOTT J.
Address: 1825 BARCELONA DRIVE
City-St-Zip: DUNEDIN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT J. LOUCKS

PRES

07/11/2005

Electronic Signature of Signing Officer or Director

_____ Date