

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000005544**

1. Entity Name

BIBLE TRUTH CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business

**1701 29TH AVENUE NORTH
SAINT PETERSBURG FL 33713**

Mailing Address

**1701 29TH AVENUE NORTH
SAINT PETERSBURG FL 33713**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3530188

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCREE, KELVIN
1701 29TH AVENUE NORTH
SAINT PETERSBURG FL 33713**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCREE, KELVIN	
STREET ADDRESS	1701 29TH AVENUE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	

TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, COLBERT	
STREET ADDRESS	1701 29TH AVENUE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	

TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, EVETTE	
STREET ADDRESS	1701 29TH AVENUE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, DWIGHT	
STREET ADDRESS	1701 29TH AVENUE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, GLADYS	
STREET ADDRESS	1701 29TH AVENUE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	

TITLE	D	<input type="checkbox"/> Delete
NAME	COLBERT, PARIDJET	
STREET ADDRESS	1701 29TH AVENUE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Evette McCree, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1701 29th Ave. No.	
STREET ADDRESS	St. Pete Fl. 33713	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Dr. Edward Foley, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1701 29th Ave. No.	
STREET ADDRESS	St. Pete Fl. 33713	
CITY-ST-ZIP		

TITLE	Colbert, Bridget, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1701 29th Ave. No.	
STREET ADDRESS	St. Pete, Fl. 33713	
CITY-ST-ZIP		

12. I 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 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:**SIGNATURE** **Evette McCree****4. 24. 02 727. 551. 2085**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)