2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005544

1. Entity Name

BIBLE TRUTH CHRISTIAN FELLOWSHIP, INC.



FILED Apr 28, 2003 8:00 am § Secretary of State

04-28-2003 90965 029 ****61.25

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City & State Ci	2. Principal P	Place of Business	3. Ma	iling Address							
Note Applicable Section Sectio	Suite, Apt. #, etc.			uite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
Section Sect	City & State			ity & State			4. FEI Number 59-3530188				
### MCCREE, KELVIN 1701 29TH AVENUE NORTH SAINT PETERSBURG FL 33713 City FL Z/p Code	Zip Country Zi			p Country			5 Certificate of Status Desired \$8.75 Additional				
MCCREE, KELVIN 1701 29TH AVENUE NORTH SAINT PETERSBURG FL 33713 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the bedge atoms of registered agent, or both, in the State of Florida. I am familiar with and accept the bedge atoms of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedge atoms of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedge atoms of registered agent, or both, in the State of Florida. I am familiar with and accept the bedge atoms of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedge atoms of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedge atoms of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedge atoms of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedge atoms of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedge at the	S. Name and Address of Course Bouleton			nd Acent	<u> </u>						
SANT PETERSBURG FL 33713 B. 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 System, speed or pretical retrief of highested agent	6. Name and Address of Current Registered Agent					Name	7. Name and Addr	ess or Ivem Dei	gistered /	Agent	
Clip FL Zip Code	1701 29TH AVENUE NORTH				-	Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNAFURE Signafure Supurine, product profice nervice of Registered agent. Supurine, product profice nervice of Registered agent. Supurine, product profice nervice of Registered agent. Supurine, product profice nervice of Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. On the State of Florida. I am familiar with, and accept the obligations of registered agent. On the State of Florida. I am familiar with, and accept the obligations of registered agent. On the State of Florida. I am familiar with, and accept the obligations of registered agent. ITILE	SAINT PE	TERSBURG FL 33713	Cit					_ _ _	Zin Cod		
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12. Thereby 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		pertify that the information supplied with	h this filing	does not qualify for		L	action 119 07/3)/i). Flor	ida Statutos I fi	urther cor	tify that the in	oformation

2. I bereby 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 the empowered.

SIGNATURE:

S/GWATWR/LEEX-LUBED

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