



2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 734795				<p style="font-size: 24px; margin: 0;">FILED</p> <p style="font-size: 18px; margin: 0;">04 NOV 29 PM 3:00</p> <p style="margin: 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
1. Entity Name BIBLE TRUTH CHAPEL OF NEW PORT RICHEY, FLORIDA, INCORPORATED		Principal Place of Business 6915 SHADY ACRES BLVD. NEW PORT RICHEY, FL 34653-3120		Mailing Address 6915 SHADY ACRES BLVD. NEW PORT RICHEY, FL 34653-3120 US	
2. Principal Place of Business		3. Mailing Address		 11152004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1724593	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MUSICARO, ANGELO <i>(SIC)</i> 18520 WILDLIFE TR SPRINGHILL, FL 34610			Name <i>MUSICARO, ANGELO</i>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<i>18520 WILDLIFE TR.</i>		
			City <i>SPRINGHILL</i>		FL
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>Angelo Musicaro</i>		<i>ANGELO MUSICARO</i>		DATE <i>11-22-04</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, KENNETH D 8960 FAIRCHILD CT NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANGELO MUSICARO 18520 WILDLIFE TRAIL SPRINGHILL, FLORIDA 34610-2236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FALKNER, CHARLES R 8748 BASS LAKE DRIVE NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANGELA M. MUSICARO 18520 WILDLIFE TRAIL SPRINGHILL, FLORIDA 34610-2236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FALKNER, CAROLYN 8748 BASS LAKE DRIVE NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELIZABETH M. COSTA 8600 HUNTING SADDLE DR. BAYONET POINTE, FLORIDA 34667-2523	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400043050394 11/29/04--01078--024 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>ANGELO MUSICARO</i>		<i>Angelo Musicaro</i>		DATE <i>11-22-04</i> (727) 845-5907	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	