

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90046 004 ****70.00

DOCUMENT # 734795

1. Entity Name

BIBLE TRUTH CHAPEL OF NEW PORT RICHEY, FLORIDA, INCORPORATED



Principal Place of Business Mailing Address

6915 SHADY ACRES BLVD.
NEW PORT RICHEY FL 34653-3120

6915 SHADY ACRES BLVD.
NEW PORT RICHEY FL 34653-3120
US

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 Applied For

59-1724593 Not Applicable

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



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent

MUSICARO, ANGELO
18520 WILDLIFE TR
SPRINGHILL FL 34610

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MUSICARO, ANGELO	
STREET ADDRESS	18520 WILDLIFE TR.	
CITY-ST-ZIP	SPRINGHILL FL 34610-2236	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MUSICARO, PAULA M	
STREET ADDRESS	18520 WILDLIFE TR.	
CITY-ST-ZIP	SPRINGHILL FL 34610-2236	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CUSJA, ELIZABETH M	
STREET ADDRESS	8600 HUNTING SADDLE DR.	
CITY-ST-ZIP	BAYONET POINTE FL 34667-2523	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Costa Elizabeth M.	
STREET ADDRESS	8600 Hunting Saddle Dr.	
CITY-ST-ZIP	BAYonet Point FL 34667-2523	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Angelo Musicaro* *Paula Musicaro* **JAN. 23.05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #