

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 734795 (8)**  
1. Corporation Name  
**BIBLE TRUTH CHAPEL OF NEW PORT RICHEY, FLORIDA, INCORPORATED**

Principal Place of Business <b>6915 SHADY ACRES BLVD. P O BOX 1598 NEW PORT RICHEY FL 34653-3120</b>	Mailing Address <b>6915 SHADY ACRES BLVD. P O BOX 1598 NEW PORT RICHEY FL 34653-3120</b>
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3. Date Incorporated or Qualified  
**12/31/1975**

4. FEI Number  
**59-1724593**

Applied For	
Not Applicable	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. <b>PO BOX 1598</b>
23. City & State	27. Suite, Apt. #, etc.
24. Zip	28. <b>New Port Richey, FL</b>
25. Country	29. <b>34656-1598</b>
	30. <b>U.S.A.</b>

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

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

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**MCGREGOR, WENDELL J  
9132 LAKEVIEW DR  
NEW PORT RICHEY FL 34654**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LIVINGSTON, HAROLD F</b>	
STREET ADDRESS	<b>12120 CARVER AVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 00000</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>THOMAS, DAVID R</b>	
STREET ADDRESS	<b>5107 CIRCUS LN</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCGREGOR, WENDELL</b>	
STREET ADDRESS	<b>9132 LAKEVIEW DR</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 00000</b>	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>THOMAS DAVID R</b>	
1.3 STREET ADDRESS	<b>5107 CIRCUS LANE</b>	
1.4 CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34653</b>	
2.1 TITLE	<b>VD FLORENTINO PEREZ</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>8120 BUTTONDALL LANE</b>	
2.3 STREET ADDRESS	<b>PORT RICHEY FL 34668</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David R. Thomas April 19, 1998 (813) 376-8176

CR2E037 (10/97)