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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 734795

1. Corporation Name

**BIBLE TRUTH CHAPEL OF NEW PORT RICHEY, FLORIDA,
 INCORPORATED**

Principal Place of Business

6915 SHADY ACRES BLVD.
 P O BOX 1598
 NEW PORT RICHEY FL 34653-3120

Mailing Address

P. O. BOX 1598
 NEW PORT RICHEY FL 34658-1598
 US



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

12/31/1975

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
 59-1724593

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGREGOR, WENDELL J
 9132 LAKEVIEW DR
 NEW PORT RICHEY FL 64654

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME VD
 PEREZ, FLORENTINO
 STREET ADDRESS 8120 BUTTONBALL LANE
 CITY-ST-ZIP PORT RICHEY FL 34668

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME PD
 THOMAS, DAVID R
 STREET ADDRESS 5107 CIRCUS LN
 CITY-ST-ZIP NEW PORT RICHEY FL 34653

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME SD
 MCGREGOR, WENDELL
 STREET ADDRESS 9132 LAKEVIEW DR
 CITY-ST-ZIP NEW PORT RICHEY, FL00000

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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)(l), 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, with all other like empowered.

SIGNATURE:

Wendell J. McGregor
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/99 913 862 5493

CR2E037 (1/98)