

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90017 045 \*\*\*\*61.25

**DOCUMENT # 734795**

1. Entity Name

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

Principal Place of Business

Mailing Address

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

P. O. BOX 1598  
 NEW PORT RICHEY FL 34656-1598  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1724593**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **KENNETH D. HARRIS**

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

**8960 FAIRCHILD CT.**

City **NEW PORT RICHEY**

**FL**

Zip Code **34654**

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.

SIGNATURE

*Kenneth D. Harris*

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

(NOTE: Registered Agent signature required when reinstating)

**4-28-00**

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VD**  Change  Addition  
 NAME **FALKNER, CHARLES**  
 STREET ADDRESS **8748 BASS LAKE DR**  
 CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

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

TITLE **PD**  Change  Addition  
 NAME **HARRIS, KENNETH**  
 STREET ADDRESS **8960 FAIRCHILD CT.**  
 CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

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

TITLE **SD**  Change  Addition  
 NAME **ERSIG, DEAN**  
 STREET ADDRESS **P.O. Box 7345**  
 CITY-ST-ZIP **HUDSON, FL 34674**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

*Kenneth D. Harris* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-00**

DATE

**849-9999**

DAYTIME PHONE #

CR2E037 (9/99)