

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91185 042 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 734795
 1. Entity Name: **BIBLE TRUTH CHAPEL OF NEW PORT RICHEY, FL 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**

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip
 4. FEI Number: **59-1724593** Applied For: Not Applicable:

6. Name and Address of Current Registered Agent
**HARRIS, KENNETH D.
 8960 FAIRCHILD CT.
 NEW PORT RICHEY, FL 34654**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **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.
 SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)
 DATE: _____

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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, FLORENTINO	
STREET ADDRESS	8120 Buttonball Lane	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, DAVID R	
STREET ADDRESS	5107 CIRCUS LN	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCGREGOR, WENDELL	
STREET ADDRESS	9132 LAKEVIEW DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, KENNETH D	
STREET ADDRESS	8960 FAIRCHILD CT.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FALKNER, CHARLES R	
STREET ADDRESS	8748 BASS LAKE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FALKNER, CAROLYN	
STREET ADDRESS	8748 BASS LAKE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
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 an 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** Date: **MAY, 6, 01** Daytime Phone #: **(727) 849-7153**

CR2E037 (11/00)