

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 734795

FILED  
May 15, 2003  
Secretary of State

**Entity Name:** BIBLE TRUTH CHAPEL OF NEW PORT RICHEY, FLORIDA, INCORPORATED

**Current Principal Place of Business:**

6915 SHADY ACRES BLVD.  
NEW PORT RICHEY, FL 346533120

**New Principal Place of Business:**

**Current Mailing Address:**

6915 SHADY ACRES BLVD.  
NEW PORT RICHEY, FL 346533120 US

**New Mailing Address:**

FEI Number: 59-1724593

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARRIS, KENNETH D  
8960 FAIRCHILD CT  
NEW PORT RICHEY, FL 34654 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HARRIS, KENNETH D  
Address: 8960 FAIRCHILD CT  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: DST ( ) Delete  
Name: FALKNER, CHARLES R  
Address: 8748 BASS LAKE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VD ( ) Delete  
Name: FALKNER, CAROLYN  
Address: 8748 BASS LAKE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH D. HARRIS

PD

05/15/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date