


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90177 047 ****61.25

DOCUMENT # 751750					
1. Entity Name TRINITY BAPTIST CHURCH OF NEW PORT RICHEY, FLORIDA, INC.					
Principal Place of Business 5725 ROWAN RD NEW PORT RICHEY, FL 34653 US			Mailing Address 5725 ROWAN RD NEW PORT RICHEY, FL 34653 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2073462	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
ANDERSON, ANDY REV 10316 TURKEY OAK DRIVE NEW PORT RICHEY, FL 34654				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
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. I am familiar with, and accept the obligations of registered agent.				FL	
SIGNATURE				DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, ANDY			NAME	
STREET ADDRESS	10316 TURKEY OAK DR			STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHERON, HELEN			NAME	
STREET ADDRESS	6888 PARKSIDE DR			STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, JANICE			NAME	
STREET ADDRESS	9835 LAKESIDE LANE			STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY, FL 34668			CITY-ST-ZIP	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRET, LOWELL			NAME	
STREET ADDRESS	6850 HILLS DR			STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTYRE, JERRY			NAME	
STREET ADDRESS	7240 BRADSHAW DR			STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: <u>Andy Anderson</u>				ANDY ANDERSON 4/27/2005 727-842-3336	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

04262005



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