# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 22, 2007 8:00 am**
**Secretary of State**
02-22-2007 90015 028 ****61.25

DOCUMENT # 751750

1. Entity Name
TRINITY BAPTIST CHURCH OF NEW PORT RICHEY, FLORIDA, INC.

40022997

| Principal Place of Business | Mailing Address |
|---|---|
| 5725 ROWAN RD<br>NEW PORT RICHEY, FL 34653 US | 5725 ROWAN RD<br>NEW PORT RICHEY, FL 34653 US |

01232007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2073462 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

ANDERSON, ANDY REV
10316 TURKEY OAK DRIVE
NEW PORT RICHEY, FL 34654

**7. Name and Address of New Registered Agent**

Name: DR LARRY P VASSEUR
Street Address (P.O. Box Number is Not Acceptable): 5647 DALTON CT
City: NEW PORT RICHEY FL Zip Code: 34655

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.

SIGNATURE: [signature] DR. LARRY P VASSEUR 2/15/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P PASTOR<br>VASSEUR, LARRY<br>5647 DALTON CT<br>NEW PORT RICHEY, FL 34655 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DEACON<br>DANNY DARBY<br>5704 OLYMPIA<br>NEW PORT RICHEY FL 34652 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MCPHERON, HELEN<br>6888 PARKSIDE DR<br>NEW PORT RICHEY, FL 34653 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DEACON<br>JIM LAMBERT<br>12328 SHADOW BRIDGE BLVD<br>HUDSON FL 34667 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD TREASURER<br>BENNETT, JANICE<br>9835 LAKESIDE LANE<br>PORT RICHEY, FL 34668 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DEACON<br>STEVE SHERLOCK<br>4913 N.E. BLVD<br>NEW PORT RICHEY FL 34652 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D ELDER<br>PRITCHARD, BILL<br>7751 OLDFIELD ROAD<br>NEW PORT RICHEY, FL 34653 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DEACON<br>BOB VANOVER<br>3534 COCKATOO DR<br>NEW PORT RICHEY FL 34652 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ELDER<br>BOB VICK<br>6605 FLORIDA ELM DR<br>NEW PORT RICHEY FL 34653 | ☐ Delete<br>add | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DEACON<br>BOB KEISER<br>6252 EMERSON DR<br>NEW PORT RICHEY FL 34653 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ELDER<br>BOB BROOKS<br>10733 FIREBRICK CT<br>TRINITY FL 34655 | ☐ Delete<br>add | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SUN SCHOOL DEPT<br>PEGGLE GAMBLE<br>8444 YEARLING LN<br>NEW PORT RICHEY FL 34653 | ☐ Change ☒ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** [signature] PASTOR LARRY VASSEUR 2/15/07 727 842-2336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #