SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

APPROVED
AND
FILED

1997 OCT -6 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751750 (1)

1. Corporation Name

TRINITY BAPTIST CHURCH OF NEW PORT RICHEY, FLORIDA, INC.

Principal Place of Business	Mailing Address
%REV. ANDY ANDERSON P. O. BOX 1746 5725 ROWAN RD. NEW PORT RICHEY FL 34656 US	%REV. ANDY ANDERSON P.O. BOX 1746 5725 ROWAN RD. NEW PORT RICHEY FL 34656 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1980
3a. Date of Last Report: 03/21/1996

2. Principal Place of Business 21 Trinity Baptist Church Box 5725 Rowan Rd 22 Suite, Apt. #, etc. New Port Richey, FL 34653	2a. Mailing Address 26 5725 Rowan Rd 27 Suite, Apt. #, etc. New Port Richey	4. FEI Number 59-2073462	☐ Applied For ☐ Not Applicable
23 City & State	28 City & State FL	5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
24 Zip	25 Country	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
29 Zip 34653	30 Country USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REV. ANDY ANDERSON 10316 TURKEY OAK DRIVE NEW PORT RICHEY FL 34654	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	PASTOR	☐ Change ☑ Addition
NAME	CRIMSON, DARLENE		1.2 NAME	ANDY ANDERSON	
STREET ADDRESS	3532 BIGELOW DR		1.3 STREET ADDRESS	10316 TURKEY OAK DR	
CITY-ST-ZIP	HOLIDAY FL		1.4 CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	CD	☐ DELETE	2.1 TITLE	TD	☐ Change ☑ Addition
NAME	ATKINSON, WAYNE		2.2 NAME	KATHRYN MERCKLE	
STREET ADDRESS	4939 BARTELT RD		2.3 STREET ADDRESS	5238 DARLINGTON RD.	
CITY-ST-ZIP	HOLIDAY FL		2.4 CITY-ST-ZIP	HOLIDAY, FL 34690-4101	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BENNETT, JANICE		3.2 NAME		
STREET ADDRESS	9835 LAKESIDE LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL		3.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TUCKER, W.E.		4.2 NAME	100002317484--6	
STREET ADDRESS	[redacted]		4.3 STREET ADDRESS	-10/10/97--01079--013	
CITY-ST-ZIP	ODESSA FL		4.4 CITY-ST-ZIP	*****70.00 *****70.00	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

10/10/97

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE REQUIRED Janice Bennett

CR2E037 (4/97)