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**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90028 008 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 751750**

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

Principal Place of Business BOX 5725 ROWAN ROAD NEW PORT RICHEY FL 34653 US	Mailing Address BOX 5725 ROWAN ROAD NEW PORT RICHEY FL 34653 US
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2. Principal Place of Business 21 <b>5725 ROWAN RD</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>5725 ROWAN RD</b> Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified <b>03/27/1980</b>
City & State 23 <b>NEW PORT RICHEY FL</b>	City & State 28 <b>NEW PORT RICHEY FL</b>	4. FEI Number <b>59-2073462</b> Applied For <input type="checkbox"/> Not Applicable
Zip 24 <b>34653</b>	Country 25 <b>PASCO</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 29 <b>34653</b>	Country 30 <b>PASCO</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>ANDERSON, ANDY REV</b> <b>10316 TURKEY OAK DRIVE</b> <b>NEW PORT RICHEY FL 34654</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 Andy Anderson (NOTE: Registered Agent signature required when reinstating) DATE **2-24-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, ANDY 10316 TURKEY OAK DR NEW PORT RICHEY FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Sunday School Secretary Helen McPherson 6888 PARKSIDE DR NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MERCLE, KATHRYN 5238 DARLINGTON RD HOLIDAY FL 34690-4101 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Church Secretary CHARLENE MARRON 9523 FERN ST NEW PORT RICHEY, FL 34659 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENNETT, JANICE 9835 LAKESIDE LANE PORT RICHEY FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	BUILDING & GROUND DIRECTOR KEN BARNETT 12728 POPPY ST NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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, with all other like empowered.

SIGNATURE: Signature Required DATE: **2-24-99** DAYTIME PHONE #: **1-737-842-2336**

CR2E037 (1/198)