

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 712394 (6)
 1. Corporation Name
NEW TESTAMENT CHURCH OF GOD OF FLORIDA, INC.

Principal Place of Business 4036 LANE ROAD ZEPHYRHILLS FL 33541	Mailing Address 4036 LANE ROAD ZEPHYRHILLS FL 33541
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/13/1967	3a. Date of Last Report 04/21/1994
4. FEI Number 26-7222556	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 6947 CLOVE LANE Suite, Apt. #, etc.	2a. Mailing Address 26 6947 CLOVE LANE Suite, Apt. #, etc.
22 City & State 23 Zephyrhills Florida	27 City & State 28 Zephyrhills Florida
24 Florida 25 Pasco	29 33541 30 Pasco

9. Name and Address of Current Registered Agent
**ROY L. CHANCEY
 17 ORANGE CREEK ACRES
 DADE CITY 33525**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Cecil Fleming President** DATE **2-12-96**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLEMING, VERON L. 722 6TH ST ZEPHYRHILLS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV FLEMING, DOROTHY LOT 14 ORANGE CREEK ACRE DADE CITY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FLEMING, CECIL LOT 14 ORANGE CREEK ACRE DADE CITY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GEIGER, ROBERT C. 1380 DEAN DAIRY ROAD ZEPHYRHILLS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GEIGER, GERALDINE 1380 DEAN DAIRY ROAD ZEPHYRHILLS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Dorothy Fleming** **Dorothy Fleming DV** **2-2-96** **813-782-0530**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #