

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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      Mailing Address  
**6947 CLOVE AVENUE**      **6947 CLOVE AVENUE**  
**ZEPHYRHILLS FL 33541**      **ZEPHYRHILLS FL 33541-7803**  
**US**      **US**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**03/13/1967**      **02/22/1996**

2. Principal Place of Business      2a. Mailing Address  
21 **6947 Clove Lane**      26 **6947 Clove Lane**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

4. FEI Number      Applied For  
**26-7222556**      Not Applicable  
5. Certificate of Status Desired            **\$8.75 Additional Fee Required**  
6. Election Campaign Financing            **\$5.00 May Be Added to Fees**  
Trust Fund Contribution  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes       Yes       No

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

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FLEMING, VERON L.</b>	
STREET ADDRESS	<b>722 6TH ST</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	
TITLE	<b>FLEMING, DOROTHY</b>	<input type="checkbox"/> DELETE
STREET ADDRESS	<b>LOT 14 ORANGE CREEK ACRE</b>	
CITY-ST-ZIP	<b>DADE CITY FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>FLEMING, CECIL</b>	
STREET ADDRESS	<b>LOT 14 ORANGE CREEK ACRE</b>	
CITY-ST-ZIP	<b>DADE CITY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GEIGER, ROBERT C.</b>	
STREET ADDRESS	<b>1380 DEAN DAIRY ROAD</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>GEIGER, GERALDINE</b>	
STREET ADDRESS	<b>1380 DEAN DAIRY ROAD</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	
TITLE		<input type="checkbox"/> DELETE
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 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 *Cecil Fleming* (Cecil Fleming)      4-16-97      813-782-0530

CR2E037 (9/96)