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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harrig
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 712394 (6) ✓
 1. Corporation Name
 NEW TESTAMENT CHURCH OF GOD OF FLORIDA, INC.
 6947 CLOVE LANE
 ZEPHYRHILLS, FLORIDA 33541

Principal Place of Business Mailing Address
 6947 CLOVE LANE
 ZEPHYRHILLS, FLORIDA 33541

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 3-13-1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 26-7222556 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent ROY L. CHANCEY 17ORANGE CREEK ACRES DADE CITY, FLORIDA 33525	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, VERON L.	1.2 NAME	
STREET ADDRESS	722 6th ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL	1.4 CITY-ST-ZIP	
TITLE	D/V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, DOROTHY	2.2 NAME	
STREET ADDRESS	6947 CLOVE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, CECIL	3.2 NAME	
STREET ADDRESS	6947 CLOVE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIGER, ROBERT C.	4.2 NAME	
STREET ADDRESS	1380 DEAN DAIRY ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL	4.4 CITY-ST-ZIP	
TITLE	S/T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIGER, GERALDINE	5.2 NAME	
STREET ADDRESS	1380 DEAN DAIRY ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Dorothy FLEMING 4-2-99 4873-782-0530
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)