

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 732248

1. Corporation Name

THE NEW TESTAMENT CHURCH OF BRANDON, INC.

Principal Place of Business

Mailing Address

913 DEWBLOOM ROAD BRANDON FL 33511 913 DEWBLOOM ROAD BRANDON FL 33511

## FILED May 06, 1999 8:00 am § Secretary of State

05-06-1999 90031 016 \*\*\*\*61.25

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2. Principal P	ipal Place of Business 2a. Mailing Address				3. Date Incorporated	or Qualifed		
21		26			03/24/1975	_		
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		4. FEI Number		App	lied For
22		27			59-1943462		Not	Applicable
City & Stat	e-	City & State			5 0 17 1 5011		\$8.75 A	dditional
23		28			5. Certifcate of Statu	is Desired	Fee Red	quired
Zip	Country	Zip	Cou	ntry	6. Election Campaig	n Financing	\$5.00	vlav Be
24	25	29	30		Trust Fund Contri	- 11	Added to	
	9. Name and Address of Curren	<del></del>		· · · · · ·	10. Name and Addre	ss of New Registered	Agent	
				81 Name	61 · D	1		
***************	D CINIONO			2	duis	Veuisi		
	R, FINOUS			82 Street Ad	dress (P.O. Box Number is			
	BLOOM RD			83	<del>00 0 0 0</del>	,,,,,	<del> </del>	
BRANDON	I FL 33511							
				84 City	/		85 Zip C	ode
		0 - 10/3 4500 Etc.: 4	<u> </u>		Made 1	T L		
office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State	z and 617.1508, Florid of Florida. Such chang	a Statutes, the a e was authorized	i by the corpora	ation's board of directors.	hereby accept the appg	intment as reg	istered
agent. I a	m familiar with, and accept the obliga	tions of, Section 617.05	riorida Stati	utes.		11/2	0/00	
SIGNATURE	Edwin P Devise		un P	Cerene		4/2	7/79	
	Signature, typed or printed name of registered ager		(NOTE: Registered	Agent signature requ	ired when reinstating)	GES TO OFFICERS A	ND DIRECTOR	2S IN 12
12.		D DIRECTORS		<del></del>	177	GES TO OTT TOERO A	Change	Addition
TITLE	TD			,CE	L DW	110		(a) / (a) (a)
NAME	DEVINE, EDWIN P		1.2 N	WE /	TEVIA,"	4 · · ·		
STREET ADDRESS	903 DEWBLOOM RD		1.3 \$1	TREET ADDRESS	tevin PW 202 Wense M Sefface A	el ancou		
CITY-ST-ZIP	BRANDON FL				sefface t	-/ JJJ87	- Change	Addition
TITLE	VD ·	<b>₽</b> ØEI	LETE 2.1 TI	rue			Change	Madagon
NAME	THRASHER, FINOUS		2.2 N	WE				
STREET ADDRESS	913 DEWBLOOM RD		2.3 ST	TREET ADDRESS				
CITY-ST-ZIP	BRANDON FL:			TTY-ST-ZIP				
TITLE	SD	☐ DEI	LETE 3.1 TF	LE			☐ Change	Addition
NAME	HUTCHESON, ROBERT		3.2 N	AME .				
STREET ADORESS	913 DEWBLOOM RD 901		3.3 \$1	TREET ADDRESS				
CITY-ST-ZIP	BRANDON FL		3.4. C	ITY-ST-ZIP				
TITLE	PD	☐ DEI	ETE 4,1 11	TLE			Change	☐ Addition
NAME	DUDDING, REV LOWELL		4.2N	AME				
STREET ADDRESS	·		4.3 \$	TREET ADDRESS				
CITY-ST-ZIP	BRANDON FL		4.4 CI	TY-ST-ZIP				
TITLE		☐ DE	ETE 5.1 TI	π.E			Change .	☐ Addition
NAME			5.2 N	AWE				
STREET ADDRESS	·		5.3 \$1	TREET ADDRESS				
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP				ļ
TITLE		☐ DE					Change	Addition
NAME			6.2 N	AME				İ
٠, '			6.3 \$1	TREET ADDRESS				
STREET ADDRESS				TY-ST-ZIP				
CITY-ST-ZIP			0,4 (4					

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 a) address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 Date

8/3 68/-33 /2 Daytime Phone # (41,08)