

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30 1996 8:00 am
Secretary of State

DOCUMENT # 742505 (1)
1. Corporation Name
NEW TESTAMENT CHURCH OF GOD, INDEPENDENT, INC.



Principal Place of Business Mailing Address
HIGHWAY 20 AT FRANCIS
RT. 4. BOX 855
PALATKA FL 32177
HIGHWAY 20 AT FRANCIS
RT. 4. BOX 855
PALATKA FL 32177

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/19/1978		3a. Date of Last Report 04/28/1995	
21		26		4. FEI Number 59-2639375		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Country		30 Country					

9. Name and Address of Current Registered Agent

BLEDSON, RICHKY
RT. 4 BOX 855
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name	Janet M. Williams
82 Street Address (P.O. Box Number is Not Acceptable)	24015 NE Hwy 315
83	
84 City	Orange Springs
85 Zip Code	FL 32182

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 *Janet M. Williams* *Janet M. Williams* 4-22-96
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	BLEDSON, RICHKY	
STREET ADDRESS	RT. 4 BOX 855	
CITY-ST-ZIP	PALATKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, ALAN D	
STREET ADDRESS	RTE 3 BOX 458-D	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME	BUTLER, C. M.	
STREET ADDRESS	RT. 4 BOX 855, N/A	
CITY-ST-ZIP	PALATKA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JANET M	
STREET ADDRESS	24015 NE HWY 315	
CITY-ST-ZIP	ORANGE SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PITTMAN, WENDELL	
STREET ADDRESS	RT 4 BOX 855	
CITY-ST-ZIP	PALATKA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WESLEY, ARD	
STREET ADDRESS	RT. 4 BOX 855	
CITY-ST-ZIP	PALATKA FL	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	P/D
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:

Janet M. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96
Date

352-546-5339
Daytime Phone #

CR2E037 (12/95)