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 # 742505

(1)

NEW TESTAMENT CHURCH OF GOD, INDEPENDENT, INC.

	,								
Principal Place of Business Mailing Address							i Biblik Biblik bibl	 	AF WINN PRO
RIGHWAY 20 AT FRANCIS RT. 4. Box 855 Palatka Fl 32177		HIGHWAY 20 AT FRANCIS RT. 4. BOX 855 PALATKA FL 32177-8349							
7,017,017,00	•					3. Date Incorporated or Qualified 04/19/1978	e of Last Report /30/1996		
2. Principal Place of Business 2a. Mailing Addre			ess			4. FEI Number	<u>*</u>	Ar	oplied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						59-2639375			ot Applicable
22		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State 28						6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	**************************************		Countr	Country		8. This corporation has liability for in		***************************************	····
24	25	29	30				Yes 🔀 !		
	9. Name and Address of Curre	nt Registered Agent		1		10. Name and Address of New Rec	pletered Age	ent	
	11 m 4 4 4 4 4 A		81						
JANET M WILLIAMS 24015 NW HHWY 315				Street	t Addres	ss (P.O. Box Number is Not Acceptable	ie)		
ORANGE SPRINGS FL 32182			83						
			84	City	· · · · · · · · · · · · · · · · · · ·	······································	FL	85 Zip	Code
office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was	authorized b	y the co	d corpor rporation	ration submits this statement for the pin's board of directors. I hereby accep	urpose of ch	langing it	ts registered registered
SIGNATURE.	Signature, typed or printed name of registered ag	ent and tille if applicable (NO)	E: Registered Ac	ent slonelu	re required	when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		IRECTO	RS IN 12
1ITLE	D	DELETE	1.1 TITLE	· 	D			Change	Addition
NAME	SMITH, ALAN D 1.2 N		1.2 NAME		Ja	trod Pruitt			
STREET ADDRESS	RTE 3 BOX 458-D 1.3		1.3 STREE			1 Lynwood Ave.			
CITY-ST-ZIP			1.4 CITY	ST-ZIP		t Gadsden, AL 35903	3		
TITLE	VD DELETE 2:17		2.1 TITLE			YD.		Change	Addition
NAME	Dorbary C. III.		2.2 NAME	2.2 NAME WI		Iliam Addis			
STREET ADDRESS	RT. 4 BOX 855, N/A		2.3 STREET ADDRES			4 BIX 855 N/A			
CITY-ST-ZIP	PALATKA FL		2.4 CITY-	ST-ZIP	PAC	ATKA, FL 32177		<u> </u>	
1ITLE	ST DELETE 3.11		3.1 TITLE		57	A Williams	K	Change	Addition
NAME	WILLIAMS, JANET M		3.2 NAME	3.2 NAME		net M. Williams 115 NE Hwy 315			
STREET ADDRESS	24015 NE HWY 315		3.3 STREE	T ADDRESS	776	inge Springs, FL 3	2102		
CITY-ST-ZIP THLE	ORANGE SPRINGS FL	DELETE	3.4. CITY - 4.1 TITLE	ST-ZIP	070	inge springs, PC 3		Change	Addition
NAME	PD DITTMAN MEMBELL	L. Dettie	4. 2 NAM		ŀ		<u> </u>	1 Cumude	LI ADDITION
STREET ADDRESS	PITTMAN, WENDELL RT 4 BOX 855		1	: Taddress					
CITY-ST-ZIP	PALATKA FL				'				
TITLE	I NEALLY I E	DELETE	4.4 CITY - 5.1 TIYLE		 			Change	Addition
NAME			5.2 NAME				Levi-		
STREET ADDRESS				t address	<u>.</u> [
CITY -ST - ZIP			5.4 CITY-						
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	61 TITLE		†			Change	Addition
NAME		*	6.2 NAME						
STREET ADDRESS			1	t address	:				

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:

352-546-5339

FILED

May 12 1997 8:00am

Secretary of State