

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742505

1. Entity Name

NEW TESTAMENT CHURCH OF GOD, INDEPENDENT, INC.

Principal Place of Business

HIGHWAY 20 AT FRANCIS
RT. 4. BOX 855
PALATKA FL 32177

Mailing Address

HIGHWAY 20 AT FRANCIS
RT. 4. BOX 855
PALATKA FL 32177-9349

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2639375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JANET M WILLIAMS
24015 NW HHWY 315
ORANGE SPRINGS FL 32182

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	PRUITT, JARROD	
STREET ADDRESS	107 LYNWOOD AVE	
CITY-ST-ZIP	EAST GADSDEN AL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ADDIS, WILLIAM	
STREET ADDRESS	RT 4 BOX 855 N/A	
CITY-ST-ZIP	PALATKA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WILLIAMS, JANET M	
STREET ADDRESS	24015 NE HWY 315	
CITY-ST-ZIP	ORANGE SPRINGS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PITTMAN, WENDELL	
STREET ADDRESS	RT 4 BOX 855	
CITY-ST-ZIP	PALATKA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUDSON, BRENDA A.	
STREET ADDRESS	ROUTE 4, BOX 855	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet M Williams
JANET M WILLIAMS

Date

2-10-00

Daytime Phone #

352-546-5339
904-325-5462



DO NOT WRITE IN THIS SPACE

CRE037 (9/99)