

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90086 022 ****61.25

DOCUMENT # **742505** ✓

1. Entity Name

NEW TESTAMENT CHURCH OF GOD, INDEPENDENT, INC.

DO NOT WRITE IN THIS SPACE

640177

2. Principal Place of Business

137 Highway 20

Suite, Apt. #, etc.

3. Mailing Address

137 Highway 20

Suite, Apt. #, etc.

City & State

Palatka, FL

Zip

32177

Country

Putnam

City & State

Palatka, FL

Zip

32177

Country

Putnam

4. FEI Number

59-2639375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Janet M. Williams

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

103 Gurnard Lane

Florahome

City

FL

Zip Code

32140

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

Janet M. Williams

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-02

FEE IS \$61.25

Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Pruitt, Jarod
107 Lynwood Ave.
East Gadsden, AL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
Addis, William
137 Hiway 20
Palatka, FL 32177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
Williams, Janet M.
103 Gurnard Ln.
Florahome, FL 32140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
Pittman, Wendell
137 Highway 20
Palatka, FL 32177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Hudson, Brenda
109 Cumbo Road

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Hollister, FL 32147

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Janet M. Williams
Janet M. Williams

4-12-02 **386-659-0227**
386-328-6047

CR2E037B (12/01)