

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

DOCUMENT # 700666 (1)
1. Corporation Name
NEW TESTAMENT BAPTIST CHURCH, INC.



Principal Place of Business Mailing Address
**2128 S CRYSTAL LAKE DR
LAKELAND FL 33801** **2128 S CRYSTAL LAKE DR
LAKELAND FL 33801**

3. Date Incorporated or Qualified 03/23/1960	3a. Date of Last Report 05/01/1995
4. FEI Number 48-0981019	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**JEFFERS, DANIEL W.
2009 WOODBRIAR LOOP NORTH
LAKELAND FL 33813**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUGNER, JAMES	12 NAME	
STREET ADDRESS	5936 LUNN ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	14 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERS, DANIEL	22 NAME	
STREET ADDRESS	2009 WOODBRIAR LOOP NO	23 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	24 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, HIRAM EUGENE	32 NAME	
STREET ADDRESS	1535 PINE GLENN RD	33 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	34 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROATH, STEVE	42 NAME	
STREET ADDRESS	4831 HARDING AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	44 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, GREG	52 NAME	
STREET ADDRESS	844 BUTTERCUP DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	54 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, CHERYL	62 NAME	
STREET ADDRESS	1535 PINE GLEN RD	63 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	64 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:

Daniel W. Jeffers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL W. Jeffers (4-16-96) 941-665-8810
Date Daytime Phone #

CR2E037 (12/95)