

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

2128 S CRYSTAL LAKE DR
LAKELAND FL 33801

Mailing Address

2128 S CRYSTAL LAKE DR
LAKELAND FL 33801-66113. Date Incorporated or Qualified
03/23/19603a. Date of Last Report
04/26/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

48-0981019

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRUGNER, JAMES	
STREET ADDRESS	5936 LUNN ROAD	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	JEFFERS, DANIEL	
STREET ADDRESS	2009 WOODBRIAR LOOP NO	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MILLER, HIRAM EUGENE	
STREET ADDRESS	1535 PINE GLENN RD	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROATH, STEVE	
STREET ADDRESS	4631 HARDING AVENUE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HAYES, GREG	
STREET ADDRESS	844 BUTTERCUP DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MILLER, CHERYL	
STREET ADDRESS	1535 PINE GLEN RD	
CITY-ST-ZIP	LAKELAND 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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052463

CR2E037 (9/96)