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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **700666** (1)

1. Corporation Name

NEW TESTAMENT BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**2120 S CRYSTAL LAKE DR
LAKELAND FL 33801**

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LAKELAND FL 33801**



3. Date Incorporated or Qualified

03/23/1960

4. FEI Number

48-0981019

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

TITLE	D	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME	ROATH, STEVE	
STREET ADDRESS	4831 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	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NICK Rastella	
1.3 STREET ADDRESS	6107 PAAR LANE	
1.4 CITY-ST-ZIP	Lakeland FL. 33813	
2.1 TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Steve Barr	
2.3 STREET ADDRESS	1608 LAWTON LANE	
2.4 CITY-ST-ZIP	Lakeland FL. 33805	
3.1 TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MIKE O'CONNOR	
3.3 STREET ADDRESS	5303 Tillery Rd.	
3.4 CITY-ST-ZIP	Lakeland FL. 33813	
4.1 TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RICK CHOUAN	
4.3 STREET ADDRESS	837 E. Leman St.	
4.4 CITY-ST-ZIP	Lakeland FL. 33801	
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 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: **DANIEL W. JEFFERS**  **4-30-97** **941-665-8010**

CFR0037 (10/97)