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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700666

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/23/1960

4. FEI Number

48-0981019

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

T ☐ DELETE
NAME **ROSTELLA, NICK**
STREET ADDRESS **6107 PARK LANE**
CITY-ST-ZIP **LAKELAND, FL 00000 33813**

P ☐ DELETE
NAME **JEFFERS, DANIEL**
STREET ADDRESS **2009 WOODBRIAR LOOP NO**
CITY-ST-ZIP **LAKELAND, FL 00000**

TD ☐ DELETE
NAME **MILLER, HIRAM EUGENE**
STREET ADDRESS **1535 PINE GLENN RD**
CITY-ST-ZIP **LAKELAND, FL 00000**

T ☐ DELETE
NAME **O'CONNOR, MIKE**
STREET ADDRESS **5303 TILLERY RD**
CITY-ST-ZIP **LAKELAND FL 33813**

T ☐ DELETE
NAME **HAYES, GREG**
STREET ADDRESS **844 BUTTERCUP DRIVE**
CITY-ST-ZIP **LAKELAND FL**

S ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Daniel W. Jeffers **REQUIRED** **Daniel W. Jeffers** **5-1-99** **941-665-8810**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)