


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712394 (6)

1. Corporation Name
NEW TESTAMENT CHURCH OF GOD OF FLORIDA, INC.

Principal Place of Business 4036 LANE ROAD ZEPHYRHILLS FL 33541	Mailing Address 4036 LANE ROAD ZEPHYRHILLS FL 33541
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/13/1967	3a. Date of Last Report 04/21/1994
4. FEI Number 26-7222556	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 6947 CLOVE LANE Suite, Apt. #, etc. 22 City & State 23 Zephyrhills Florida Zip 24 33541 County 25 POSCO	2a. Mailing Address 26 6947 CLOVE LANE Suite, Apt. #, etc. 27 City & State 28 Zephyrhills Florida Zip 29 33541 County 30 POSCO
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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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROY L. CHANCEY
17 ORANGE CREEK ACRES
DADE CITY 33525**

10. Name and Address of New Registered Agent

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

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Cecil Fleming* *President* DATE **2-12-96**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FLEMING, VERON L.
STREET ADDRESS	722 6TH ST
CITY - ST - ZIP	ZEPHYRHILLS FL
TITLE	DV
NAME	FLEMING, DOROTHY
STREET ADDRESS	LOT 14 ORANGE CREEK ACRE
CITY - ST - ZIP	DADE CITY FL
TITLE	P
NAME	FLEMING, CECIL
STREET ADDRESS	LOT 14 ORANGE CREEK ACRE
CITY - ST - ZIP	DADE CITY FL
TITLE	D
NAME	GEIGER, ROBERT C.
STREET ADDRESS	1380 DEAN DAIRY ROAD
CITY - ST - ZIP	ZEPHYRHILLS FL
TITLE	ST
NAME	GEIGER, GERALDINE
STREET ADDRESS	1380 DEAN DAIRY ROAD
CITY - ST - ZIP	ZEPHYRHILLS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 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: *Dorothy Fleming* *Dorothy Fleming DV* **2-2-96** **813-782-0530**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #