

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90015 035 ****61.25

DOCUMENT # 712394 (6) ✓

1. Corporation Name

NEW TESTAMENT CHURCH OF GOD OF FLORIDA, INC.
6947 CLOVE LANE
ZEPHYRHILLS, FLORIDA 33541

Principal Place of Business

Mailing Address

6947 CLOVE LANE
ZEPHYRHILLS, FLORIDA 33541

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

3-13-1967

22

City & State

27

City & State

4. FEI Number

26-7222556

Applied For

Not Applicable

23

Zip Country

28

Zip Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

24

Zip Country

29

Zip Country

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROY L. CHANCEY
17 ORANGE CREEK ACRES
DADE CITY, FLORIDA 33525

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 ☐ DELETE

NAME FLEMING, VERON L.
STREET ADDRESS 722 6th ST.

CITY-ST-ZIP ZEPHYRHILLS, FL

TITLE D/V ☐ DELETE

NAME FLEMING, DOROTHY
STREET ADDRESS 6947 CLOVE LANE

CITY-ST-ZIP ZEPHYRHILLS, FL

TITLE P ☐ DELETE

NAME FLEMING, CECIL
STREET ADDRESS 6947 CLOVE LANE

CITY-ST-ZIP ZEPHYRHILLS, FL

TITLE D ☐ DELETE

NAME GEIGER, ROBERT C.
STREET ADDRESS 1380 DEAN DAIRY ROAD

CITY-ST-ZIP ZEPHYRHILLS, FL

TITLE S/T ☐ DELETE

NAME GEIGER, GERALDINE
STREET ADDRESS 1380 DEAN DAIRY ROAD

CITY-ST-ZIP ZEPHYRHILLS, FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: Dorothy FLEMING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-99
Date

4873-782-0530
Daytime Phone #

CR2E037 (1/98)