


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northing Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726760** (2)
1. Corporation Name
NEW TESTAMENT CHURCH OF GOD OF DADE CITY, INC.

Principal Place of Business 15418 N. 21ST ST. P.O. BOX 279 DADE CITY FL 33537 US	Mailing Address JARVIS ST. P.O. BOX 279 LACOOCHEE FL 33537
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3. Date Incorporated or Qualified 06/21/1973	
4. FEI Number 59-6603332	Applied For <input type="checkbox"/> Not Applicable
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUMNERS, ROBERT
106 SOUTH 8TH STREET
DADE CITY FL 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		
TITLE	✓ TD	<input type="checkbox"/> DELETE
NAME	JENKINS, SARA	
STREET ADDRESS	39212 JARVIS ST.	
CITY-ST-ZIP	LACOOCHEE, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JENKINS, CARL L., SR.	
STREET ADDRESS	39216 JARVIS ST	
CITY-ST-ZIP	LACOOCHEE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRISON, ELMER	
STREET ADDRESS	6404 CONNECTICUT ST.	
CITY-ST-ZIP	ZEPHRHILLS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRISON, JEANNIE	
STREET ADDRESS	6404 CONNECTICUT ST.	
CITY-ST-ZIP	ZEPHRHILLS FL	
TITLE	VPDS	<input checked="" type="checkbox"/> DELETE
NAME	JENKINS, ANNETTE L	
STREET ADDRESS	39216 JARVIS STREET	
CITY-ST-ZIP	LACOOCHEE FL 33537	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEELY, DAVID	
STREET ADDRESS	1003 JULIA ST.	
CITY-ST-ZIP	DADE CITY FL 33525	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D Valt Johnson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	12725 Cumberland Circle	
1.4 CITY-ST-ZIP	Dade City Fla. 33525	
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 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: **Carl L Jenkins** (President) **2-2-98** (352) 583-3457

CR2E037 (10/97)