

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 15, 1999 8:00am  
Secretary of State

02-15-1999 90007 002 \*\*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 726760

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

06/21/1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-6603332

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMNERS, ROBERT  
106 SOUTH 6TH 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD  
NAME JENKINS, SARA  
STREET ADDRESS 39212 JARVIS ST.  
CITY-ST-ZIP LACOOCHEE, FL 00000

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PD  
NAME JENKINS, CARL L., SR.  
STREET ADDRESS 39216 JARVIS ST  
CITY-ST-ZIP LACOOCHEE, FL 00000

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME HARRISON, ELMER  
STREET ADDRESS 6404 CONNECTICUT ST.  
CITY-ST-ZIP ZEPHRHILLS FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME HARRISON, JEANNIE  
STREET ADDRESS 6404 CONNECTICUT ST.  
CITY-ST-ZIP ZEPHRHILLS FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME JOHNSON, WEBB  
STREET ADDRESS 12725 CANDLEWOOD CIR  
CITY-ST-ZIP DADE CITY FL 33525

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME NEELY, DAVID  
STREET ADDRESS 1003 JULIA ST.  
CITY-ST-ZIP DADE CITY FL 33525

6.1 TITLE  
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: *Carl L. Jenkins Sr.* SIGNATURE REQUIRED *Carl L. Jenkins Sr.* 1-18-99 352-583-3642  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)