


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 726760	
1. Entity 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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DO NOT WRITE IN THIS SPACE



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6603332	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SUMNERS, ROBERT
106 SOUTH 6TH STREET
DADE CITY, FL 33525

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JENKINS, SARA 39212 JARVIS ST. LACOOCHEE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENKINS, CARL L., SR. 39216 JARVIS ST LACOOCHEE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, MADLYN H 37553 CLINTON AVE. DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, RICHARD 5838 SUNSHINE PARK DR NEW PORT RICHEY, FL 34662
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTE, GRACE 1210 N 21ST DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEELY, DAVID 1003 JULIA ST. DADE CITY, FL 33525

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03/14/05-80086-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carl Jenkins* **CARL JENKINS (President)** 3-7-05 352-583-3457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #