

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90015 045 ****61.25

DOCUMENT # 726760

1. Entity Name

NEW TESTAMENT CHURCH OF GOD OF DADE CITY, INC.



Principal Place of Business

Mailing Address

15418 N. 21ST ST.
P.O. BOX 279
DADE CITY FL 33537
US

JARVIS ST.
P.O. BOX 279
LACOOCHEE FL 33537

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-6603332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME **CARL L JENKINS JR**
STREET ADDRESS **33127 HILDA**
CITY-ST-ZIP **DADE CITY, FL 33523**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BROOKS, MADLYN H
STREET ADDRESS 37553 CLINTON AVE.
CITY-ST-ZIP DADE CITY FL 33525

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME NICHOLS, RICHARD
STREET ADDRESS 5838 SUNSHINE PARK DR
CITY-ST-ZIP NEW PORT RICHEY FL 34662

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MOTE, GRACE
STREET ADDRESS 1210 N 21ST
CITY-ST-ZIP DADE CITY FL 33525

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 L Jenkins Jr President*

2-28-06

352-583-3457