

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726760

FILED
Mar 29, 2009
Secretary of State

Entity Name: NEW TESTAMENT CHURCH OF GOD OF DADE CITY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

15418 N. 21ST ST.
DADE CITY, FL 33537 US

Current Mailing Address:

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

New Mailing Address:

39212 JARVIS ST.
LACOOCHEE, FL 33537

FEI Number: 59-6603332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: ROBERT SUMNERS

03/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: JENKINS, SARA,
Address: 39212 JARVIS ST.
City-St-Zip: LACOOCHEE, FL 00000,

Title: PD () Delete
Name: JENKINS, CARL L., SR.,
Address: 39216 JARVIS ST
City-St-Zip: LACOOCHEE, FL 00000,

Title: D () Delete
Name: BROOKS, MADLYN H
Address: 37553 CLINTON AVE.
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: NICHOLS, RICHARD
Address: 5838 SUNSHINE PARK DR
City-St-Zip: NEW PORT RICHEY, FL 34662

Title: D () Delete
Name: MOTE, GRACE
Address: 1210 N 21ST
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: NEELY, DAVID
Address: 1003 JULIA ST.
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: JENKINS, SARA
Address: 39212 JARVIS ST.
City-St-Zip: LACOOCHEE,, FL 33537

Title: PD (X) Change () Addition
Name: JENKINS, CARL L SR
Address: 39216 JARVIS ST
City-St-Zip: LACOOCHEE,, FL 33537

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL L JENKINS

PRES

03/29/2009

Electronic Signature of Signing Officer or Director

Date