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FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 733990 (6)

1. Corporation Name

THE NEW TESTAMENT FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

4 MAIN STREET  
PO BOX 6687  
TITUSVILLE FL 32796-35254 MAIN STREET  
PO BOX 6687  
TITUSVILLE FL 32796-35253. Date Incorporated or Qualified  
10/06/19753a. Date of Last Report  
01/25/19964. FEI Number  
59-1650825Applied For  
Not Applicable6. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 112 S. Brown Ave.

26 P. O. Box 6687

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 6687

27

City &amp; State

City &amp; State

23 Titusville, FL

28 Titusville, FL

Zip

Country

24 32782

25

Brevard

29 32782

30

Brevard

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROOME, CHARLES F.  
915 S. WASHINGTON AVE.  
TITUSVILLE FL

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 PTD ☐ DELETE  
NAME MILLSAPS, THOMAS C  
STREET ADDRESS 1245 SHARON DRIVE  
CITY-ST-ZIP TITUSVILLE, FL 000001.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VD ☐ DELETE  
NAME NOBLES, MARLENE  
STREET ADDRESS 1504 BELL TERRACE  
CITY-ST-ZIP TITUSVILLE FL2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME VD  
2.3 STREET ADDRESS NOBLES, MARLENE  
2.4 CITY-ST-ZIP 124 McNeela Drive  
Titusville, FL 32796TITLE SD ☐ DELETE  
NAME VOEGTLIN, JOAN  
STREET ADDRESS 780 HIGHLAND TERRACE  
CITY-ST-ZIP TITUSVILLE, FL 000003.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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: Thomas C. Millsaps REQUIRED

2-10-97

407-269-9300

CR2E037 (9/96)