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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 733990

1. Corporation Name
THE NEW TESTAMENT FELLOWSHIP, INC.

Principal Place of Business
112 S BROWN AVE
PO BOX 6687
TITUSVILLE FL 32782
US

Mailing Address
PO BOX 6687
TITUSVILLE FL 32782
US



2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified
10/06/1975

4. FEI Number
59-1650825
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

9. Name and Address of Current Registered Agent
BROOME, CHARLES F.
915 S. WASHINGTON AVE.
TITUSVILLE FL

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD MILLSAPS, THOMAS C 1245 SHARON DRIVE TITUSVILLE, FL 00000	1.1 TITLE	PD SUTTON, DAVID 479 N. DIXIE AVE. TITUSVILLE, FL 32796
NAME	VD NOBLES, MARLENE 124 MCNEELA DR TITUSVILLE FL	2.1 TITLE	VD MILLSAPS, THOMAS C. 1245 SHARON DR. TITUSVILLE, FL 32796
STREET ADDRESS	SD VOEGLIN, JOAN 780 HIGHLAND TERRACE TITUSVILLE, FL 00000	2.2 NAME	D STUTZMAN, LARRY 531 JONES AVE. ZELLWOOD, FL 32798
CITY-ST-ZIP		2.3 STREET ADDRESS	TD NOBLES, MARLENE 124 MCNELLA DR. TITUSVILLE, FL 32796
		2.4 CITY-ST-ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS C. MILLSAPS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4-21-99
Date
407-269-9300
Daytime Phone #

CR2E037 (1/98)