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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.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE
NAME **MILLSAPS, THOMAS C**
STREET ADDRESS **1245 SHARON DRIVE**
CITY-ST-ZIP **TITUSVILLE, FL 00000**

TITLE **VD** ☐ DELETE
NAME **NOBLES, MARLENE**
STREET ADDRESS **124 MCNEELA DR**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **SD** ☐ DELETE
NAME **VOEGTLIN, JOAN**
STREET ADDRESS **780 HIGHLAND TERRACE**
CITY-ST-ZIP **TITUSVILLE, FL 00000**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **SUTTON, DAVID**
1.3 STREET ADDRESS **479 N. DIXIE AVE.**
1.4 CITY-ST-ZIP **TITUSVILLE, FL 32796**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **MILLSAPS, THOMAS C.**
2.3 STREET ADDRESS **1245 SHARON DR.**
2.4 CITY-ST-ZIP **TITUSVILLE, FL 32796**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **STUTZMAN, LARRY**
3.3 STREET ADDRESS **531 JONES AVE.**
3.4 CITY-ST-ZIP **ZELLWOOD, FL 32798**

4.1 TITLE **TD** ☒ Change ☐ Addition
4.2 NAME **NOBLES, MARLENE**
4.3 STREET ADDRESS **124 MCNEELA DR.**
4.4 CITY-ST-ZIP **TITUSVILLE, FL 32796**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 changed, 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)