


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90028 037 ****70.00

DOCUMENT # 738337 1. Entity Name NEW TESTAMENT CHURCH AND MISSION, INC.					
Principal Place of Business 604 LEMON STREET SEBRING, FL 33870				Mailing Address 604 LEMON STREET SEBRING, FL 33870	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		604 Lemon Ave.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1894628	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BATEMAN, JUDITH 304 WREN AVE. SEBRING, FL 33872				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WACK, KIMDALIN		NAME		
STREET ADDRESS	2309 ANDALUSIA		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 00000,		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KARL, PATRICIA A		NAME		
STREET ADDRESS	604 LEMON ST.		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 00000,		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KARL, MICHAEL C		NAME		
STREET ADDRESS	604 LEMON ST.		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 00000,		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WACK, PHILLIP		NAME		
STREET ADDRESS	2309 ANDALUSIA		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 00000,		CITY-ST-ZIP		
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PELOVELLO, REBEKAH		NAME	T	
STREET ADDRESS	604 LEMON STREET		STREET ADDRESS	Kathleen Kay Wack	
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP	2309 Andalusia Sebring, FL 33875	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Patricia Ann Karl-Assistant Director					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					