


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90092 023 ****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 AVE SEBRING, FL 33870	
2. Principal Place of Business - No P.O. Box # 604 Lemon Ave.		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 59-1894628 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				01312007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent BATEMAN, JUDITH 304 WREN AVE. SEBRING, FL 33872			7. Name and Address of New Registered Agent Name Wack, Kathleen K Street Address (P.O. Box Number is Not Acceptable) 2309 Andalusia St. City Sebring FL Zip Code 33875		
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE <i>Kathleen K Wack</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> Kathleen K Wack- Treasurer/ 3rd Vice President 01/31/07 <small>(NOTE: Registered Agent signature required when reappointing) DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	S WACK, KIMDALIN 2309 ANDALUSIA SEBRING, FL 00000. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2309 Andalusia St. Sebring, Fl 33875		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KARL, PATRICIA A 604 LEMON ST. SEBRING, FL 00000. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P/AD 604 Lemon Ave. Sebring, FL 33870		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KARL, MICHAEL C 604 LEMON ST. SEBRING, FL 00000. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D 604 Lemon Ave. Sebring, Fl 33870		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WACK, PHILLIP 2309 ANDALUSIA SEBRING, FL 00000. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V/D 2309 Andalusia St. Sebring, FL 33875		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WACK, KATHLEEN K 2309 ANDALUSIA SEBRING, FL 33875 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T/3V 2309 Andalusia St.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2V Nyhan, Steven J 401 Cardinal Sebring, FL 33876		
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: <i>Patricia Ann Karl</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Patricia Ann Karl Assist-Director 385-0035 Date 2-1-07 Daytime Phone #			