

FILE NOW: FILING FEE IS \$61.25

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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743271** (9)
1. Corporation Name

NEW TESTAMENT CHURCH OF BARTOW, INC.



Principal Place of Business 4825 DENISE AVE. LAKELAND FL 33813	Mailing Address 4825 DENISE AVE. LAKELAND FL 33813-2417
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3. Date Incorporated or Qualified 06/15/1978	3a. Date of Last Report 03/19/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1831296	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STRICKLAND, CHARLES E T
4825 DENISE AVE
LAKELAND FL 33813**

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	PVDS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PVP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, CHARLES E T	1.2 NAME	Strickland Charles E. T.
STREET ADDRESS	4825 DENISE AVE.	1.3 STREET ADDRESS	4825 Denise Ave.
CITY-ST-ZIP	LAKELAND FL 33813	1.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	TS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, CHARLES E T	2.2 NAME	
STREET ADDRESS	4825 DENISE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEES, KENNETH	3.2 NAME	Dees, Kenneth
STREET ADDRESS	2955 HWY 17 S/	3.3 STREET ADDRESS	126 7th St.
CITY-ST-ZIP	FT. MEADE FL	3.4 CITY-ST-ZIP	ELIOISE, FLORIDA 33880
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEES, KAREN	4.2 NAME	
STREET ADDRESS	2955 HWY 17 SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MEADE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALENCIA, JEANETTE	5.2 NAME	
STREET ADDRESS	5220 SR 579 LOT 22	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Charles E. T. Strickland* **Charles E T Strickland 4-11-97 644-4528**

CR2E037 (9/96)