2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

FILED May 22, 2000 8:00 am Secretary of State DOCUMENT # 743271 NEW TESTAMENT CHURCH OF BARTOW. INC. 05-22-2000 90077 046 ****61 25 Principal Place of Business Mailing Address 4825 DENISE AVE. 4825 DENISE AVE. LAKELAND FL 33813-2417 LAKELAND FL 33813 60036762 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-1831296 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HelT Street A STRICKLAND, CHARLES E T 4825 DENISE AVE LAKELAND FL 33813 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. 2000 SIGNATURE (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Pavable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. MALK LENHART Delete TITLE NAME NAME STRICKLAND: CHARLES E T --1105 TEAKWOOD. STREET ADDRESS STREET ADDRESS 4825 DENISE AVE. TAMPA FL 33613 CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Addition TITLE 13-☐ Delete TITLE NAME strickland, Charles e t NAME STREET ADDRESS STREET ADDRESS 4825 DENISE AVE. CITY-ST-ZIP CITY-ST-ZIP LAKELAND-FL ☐ Addition ☐ Delete TITLE TITLE ₽~ Jimnie Helton 1500g-North Florda Avenue, #402 NAME DEES, KENNETH NAME STREET ADDRESS STREET ADDRESS 126-7TH-ST CITY-ST-ZIP CITY-ST-ZIP ELOISE FL ☐ Delete TITLE ☐ Change ☐ Addition NAME PALENCIA: JEANETTE NAME STREET ADDRESS STREET ADDRESS 5220 SR 579 LOT 22 CITY-ST-ZIP CITY-ST-ZIP SEFFNER-FL ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE 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 exemption stated in Section 119.07(3)(i), 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