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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **746202** **(1)**

1. Corporation Name
NEW TESTAMENT BAPTIST CHURCH OF FLORAL CITY, INC

Principal Place of Business	Mailing Address
80 PARKSIDE AVE PO BOX 490 FLORAL CITY FL 34436	80 PARKSIDE AVE PO BOX 490 FLORAL CITY FL 34436

3. Date Incorporated or Qualified: 03/12/1979

4. FEI Number: 59-1914515 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No NA

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 34436 / Country 25	Zip 29: 34436 / Country 30

9. Name and Address of Current Registered Agent

PAGAN, JOE DALE
16131 SNOW MEMORIAL HWY
9850 S. PARKSIDE AVE.
BROOKSVILLE FL 34601

10. Name and Address of New Registered Agent

81 Name: Barry Evans
82 Street Address (P.O. Box Number is Not Acceptable): 8501 Lake Bradley Rd
83
84 City: Floral City FL 85 Zip Code: 34436

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: Barry Evans VICE PRES. BARRY EVANS 4-29-98
(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	S	☒ DELETE	1.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	WILLIS, DORIS		1.2 NAME	Darcy Wimberly	
STREET ADDRESS	7200 E MANCHESTER CT		1.3 STREET ADDRESS	17134 Citrus Way	
CITY-ST-ZIP	FLORAL CITY FL		1.4 CITY-ST-ZIP	Brooksville, FL 34614	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	OLSEN, RICHARD		2.2 NAME	Barry Evans	
STREET ADDRESS	26224 LAKE LINDSEY ROAD		2.3 STREET ADDRESS	8501 Lake Bradley Rd	
CITY-ST-ZIP	BROOKSVILLE FL		2.4 CITY-ST-ZIP	Floral City, FL 34436	
TITLE	TD	☒ DELETE	3.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	PAGAN, JOE DALE		3.2 NAME	Rodney Messenger	
STREET ADDRESS	16131 SNOW MEMORIAL HWY		3.3 STREET ADDRESS	109 North Adams St	
CITY-ST-ZIP	BROOKSVILLE, FL 00000		3.4 CITY-ST-ZIP	Bushnell, FL 33513	
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HELMS, CLARENCE		4.2 NAME		
STREET ADDRESS	12400 S FERN PT		4.3 STREET ADDRESS		
CITY-ST-ZIP	FLORAL CITY FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Clarence H. Helms Pres CLARENCE HELMS 4-9-98 352-726-0360