2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005
Secretary of State

DOCUMENT# 746202

Entity Name: NEW TESTAMENT BAPTIST CHURCH OF FLORAL CITY, INC.

Current Principal Place of Business:

9850 S. PARKSIDE AV
FLORAL CITY, FL 34436

New Principal Place of Business:

Current Mailing Address:

SO PARKSIDE AVE
PO BOX 490
FLORAL CITY, FL 34436

New Mailing Address:

FEI Number: 59-1914515 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MESSENGER, RODNEY
109 N ADAMS ST
BUSHNELL, FL 33513 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: MAHOOD, WILLIAM
Address: 9381 PRESTON RD
City-St-Zip: BROOKSVILLE, FL 34601

Title: TD ( ) Delete
Name: MESSENGER, R
Address: 109 N ADAMS ST
City-St-Zip: BUSHNELL, FL 33513

Title: PD ( ) Delete
Name: HELMS, CLARENCE
Address: 12400 S FERN PT
City-St-Zip: FLORAL CITY, FL

Title: S ( ) Delete
Name: MESSENGER, SHARON
Address: 109 N. ADAMS ST.
City-St-Zip: BUSHNELL, FL 33513

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARECE F. HELMS PD 01/13/2005

Electronic Signature of Signing Officer or Director — Date