

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746202

FILED  
Jan 08, 2007  
Secretary of State

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:**

9850 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 34436

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 Chapter 119, 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: CLARENCE F. HELMS

PRES

01/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date