

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 750284 (2)**  
1. Corporation Name  
**NEW TESTAMENT OUTREACH HOLINESS CHURCH, INC.**



Principal Place of Business  
**P.O. BOX 152  
PLANT CITY FL 33564**

Mailing Address  
**P.O. BOX 152  
PLANT CITY FL 33564**

3. Date Incorporated or Qualified  
**12/19/1979**

3a. Date of Last Report  
**03/15/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>57-1931183</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country		30			

## 9. Name and Address of Current Registered Agent

**MITCHELL, CHERRY  
1404 HOLLOMAN RD.  
PLANT CITY FL 33564**

## 10. Name and Address of New Registered Agent

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 *Cherry E. Mitchell*  
Signature, typed or printed name of registered agent and title, if applicable

**4/17/96**  
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MADDOX, EUGENE</b>	1.2 NAME	<b>WASHINGTON, ADOLPHUS</b>
STREET ADDRESS	<b>5302-4 WALLACE RD</b>	1.3 STREET ADDRESS	<b>1305 Holloman Rd.</b>
CITY-ST-ZIP	<b>PLANT CITY FL</b>	1.4 CITY-ST-ZIP	<b>PLANT CITY FL 33567</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITCHELL, CHERRY</b>	2.2 NAME	
STREET ADDRESS	<b>1404 HOLLOMAN RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOWERS, LYNWOOD</b>	3.2 NAME	
STREET ADDRESS	<b>P.O. BOX 152 N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITCHELL, CHERRY</b>	4.2 NAME	
STREET ADDRESS	<b>1404 HOLLOMAN RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, DORRIS</b>	5.2 NAME	
STREET ADDRESS	<b>5510 HORTON ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Moore, James</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>812 W. 14th St.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Lake Land, Fla. 33805</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Cherry E. Mitchell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/96**  
Date

Daytime Phone #

CR2E037 (12/95)