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FILED  
Apr 21 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
P.O. BOX 152 P.O. BOX 152  
PLANT CITY FL 33564 PLANT CITY FL 33564-0152



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1979		3a. Date of Last Report 04/24/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 57-1931183		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MITCHELL, CHERRY 1404 HOLLOMAN RD. PLANT CITY FL 33564				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	WASHINGTON, ADOLPHUS	1.2 NAME	
STREET ADDRESS	1305 HOLLOMAN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	MITCHELL, CHERRY	2.2 NAME	
STREET ADDRESS	1404 HOLLOMAN RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	BOWERS, LYNWOOD	3.2 NAME	
STREET ADDRESS	P.O. BOX 152 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MITCHELL, CHERRY	4.2 NAME	
STREET ADDRESS	1404 HOLLOMAN RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	JONES, DORRIS	5.2 NAME	
STREET ADDRESS	5510 HORTON ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MOORE, JAMES	6.2 NAME	
STREET ADDRESS	812 W 14TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	

14. I do 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 \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_

CR2E037 (9/96)