

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 21, 1999 8:00 am  
Secretary of State

06-21-1999 90005 007 \*\*\*\*61.25

DOCUMENT # 750284

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/19/1979

4. FEI Number

57-1931183

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WASHINGTON, ADOLPHUS

STREET ADDRESS 1305 HOLLOMAN RD

CITY-ST-ZIP PLANT CITY FL

TITLE VP ☐ DELETE

NAME MITCHELL, CHERRY

STREET ADDRESS 1404 HOLLOMAN RD.

CITY-ST-ZIP PLANT CITY FL

TITLE STD ☐ DELETE

NAME BOWERS, LYNWOOD

STREET ADDRESS P.O. BOX 152 N/A

CITY-ST-ZIP PLANT CITY FL

TITLE D ☐ DELETE

NAME MITCHELL, CHERRY

STREET ADDRESS 1404 HOLLOMAN RD.

CITY-ST-ZIP PLANT CITY FL

TITLE D ☐ DELETE

NAME JONES, DORRIS

STREET ADDRESS 5510 HORTON ROAD

CITY-ST-ZIP PLANT CITY FL

TITLE D ☐ DELETE

NAME MOORE, JAMES

STREET ADDRESS 812 W 14TH ST

CITY-ST-ZIP LAKE LAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)