

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **751743** (6)

1. Corporation Name

**NEW TESTAMENT HOLINESS CHURCH OF PLANT CITY, WOR  
LD EVANGELISM, INC.**

Principal Place of Business

**205 SOUTH JOHNSON STREET  
PLANT CITY FL 33566  
US**

Mailing Address

**PO BOX 804  
PLANT CITY FL 33564-0804**



3. Date Incorporated or Qualified

**03/27/1980**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

**59-2897067**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BOYD, JUDY  
1801 EAST ALABAMA STREET  
APARTMENT 812  
PLANT CITY FL 33566**

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	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>LOVE, PATRICIA</b>	
STREET ADDRESS	<b>1301 EAST OHIO STREET</b>	
CITY - ST - ZIP	<b>PLANT CITY FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, JANIS</b>	
STREET ADDRESS	<b>1501 EAST ALSBROOK STREET</b>	
CITY - ST - ZIP	<b>PLANT CITY FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BURNETT, LORRAINE</b>	
STREET ADDRESS	<b>1301 W. BATES STREET</b>	
CITY - ST - ZIP	<b>PLANT CITY FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>RHODEN, BELINDA</b>	
STREET ADDRESS	<b>3013 OAKVIEW LANE</b>	
CITY - ST - ZIP	<b>PLANT CITY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MORTON, DAVID</b>	
STREET ADDRESS	<b>2108 CABERNET COURT</b>	
CITY - ST - ZIP	<b>EAGLE LAKE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Same</b>
2.3 STREET ADDRESS	<b>Same</b>
2.4 CITY - ST - ZIP	<b>1414 Larrick Lane</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)

**Patricia Love** 7/9/96 (813) 757-9144