

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90083 001 ****61.25

DOCUMENT # 751743

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/27/1980	
1 Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	27	4. FEI Number 59-2897067 38-3380859	Applied For Not Applicable
City & State	28	City & State	29	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip Country	25	Zip Country	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BOYD, JUDY 1601 EAST ALABAMA STREET APARTMENT 612 PLANT CITY FL 33566				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVE, PARTICIA	1.2 NAME	
STREET ADDRESS	1301 EAST OHIO STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	PLANT CITY FL	1.4 CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JANIS	2.2 NAME	
STREET ADDRESS	1414 LARRICK LANE	2.3 STREET ADDRESS	
CITY- ST- ZIP	PLANT CITY FL	2.4 CITY- ST- ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNETT, LORRAINE	3.2 NAME	
STREET ADDRESS	1301 W. BATES STREET	3.3 STREET ADDRESS	
CITY- ST- ZIP	PLANT CITY FL	3.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHODEN, BELINDA	4.2 NAME	
STREET ADDRESS	3013 OAKVIEW LANE	4.3 STREET ADDRESS	
CITY- ST- ZIP	PLANT CITY FL	4.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, DAVID	5.2 NAME	
STREET ADDRESS	2108 CABERNET COURT	5.3 STREET ADDRESS	
CITY- ST- ZIP	EAGLE LAKE FL	5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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:

TO EXAMINE BURNE

4/19/99 (813) 757-1857

Date _____

Deputy Director

CR2E037 (11/98)