FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 1:55

DOCUMENT # **768842** **(7)**

1. Corporation Name

THE NEW TESTAMENT CHURCH OF THE LIVING GOD, INC.

Principal Place of Business	Mailing Address
8705 GUAVA ST. P.O. BOX 121,YALAHA RD.,COUNTY RD.2-3130 YALAHA FL 34797	8705 GUAVA ST. P.O. BOX 121,YALAHA RD.,COUNTY RD.2-3130 YALAHA FL 34797

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/09/1983
3a. Date of Last Report: 05/24/1994
4. FEI Number: 59-2970667 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GAVIN, MARGARET
8705 GUAVA STREET
YALAHA FL 34797

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VST	1.1 TITLE	D	☐ Change ☒ Addition
NAME	GAVIN, LEE, SR.	1.2 NAME	Gavin, Mattie Lou Della	
STREET ADDRESS	87-5 GUAVA STREET	1.3 STREET ADDRESS	8705 Guava Street	
CITY-ST-ZIP	YALAHA FL	1.4 CITY-ST-ZIP	Yalaha, Florida 34797	
TITLE	PD	2.1 TITLE	D	☐ Change ☒ Addition
NAME	GAVIN, MARGARET	2.2 NAME	Jackson, Alice Hosea	
STREET ADDRESS	8705 GUAVA STREET	2.3 STREET ADDRESS	1609 North Clayton Street	
CITY-ST-ZIP	YALAHA FL	2.4 CITY-ST-ZIP	Mount Dora, Florida 32757	
TITLE	D	3.1 TITLE	D	☐ Change ☒ Addition
NAME	GAVIN, DARLENE	3.2 NAME	Hosie, Annie Jewel	
STREET ADDRESS	8705 GUAVA STREET	3.3 STREET ADDRESS	1609 North Clayton Street	
CITY-ST-ZIP	YALAHA FL	3.4 CITY-ST-ZIP	Mount Dora, Florida 32757	
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	GAVIN, HARRY	4.2 NAME	Young, Al	
STREET ADDRESS	8705 GUAVA STREET	4.3 STREET ADDRESS	1406 Ariel Lane	
CITY-ST-ZIP	YALAHA FL	4.4 CITY-ST-ZIP	Ft. Walton Beach, Florida 32547	
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	Young, Mattie	
STREET ADDRESS		5.3 STREET ADDRESS	1406 Ariel Lane	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ft. Walton Beach, Florida 32547	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: Lee Gavin 3/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date