

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW TESTAMENT MINISTRIES, INC.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

VASANTHI THIAGARAJAN

Name of Person

NEW TESTAMENT MINISTRIES, INC

Firm/Company

507 ORANGE STREET

Address

NEWARK, NEW JERSEY 07107

City/State and Zip Code

VASANTHITHIAGARAJAN@NTCMINISTRIES.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VASANTHI THIAGARAJAN

Name of Person

at (973)

Area Code

485-1181

Daytime Telephone Number

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. NEW TESTAMENT MINISTRIES INC

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

NEW TESTAMENT CHURCH INC

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW JERSEY 3. 46-1630275
(State or country under the law of which it is) (FEI number, if applicable)

4. incorporated March 31, 1989 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. JUNE 24, 2019
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 507 ORANGE STREET, NEWARK, NJ 07107
(Principal office street address)

(Current mailing address, if different)

8. RELIGIOUS ACTIVITIES
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: GALE MISKIMEN

Office Address: 1332 HUNTERMAN LANE
WINTER GARDEN, Florida 34787
(City) (Zip Code)

2019 OCT 11 PM 2:24
STATE
TALLAHASSEE, FLORIDA

10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Gale D. Miskimen
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: GREGG WILSON
☐ Vice Chairman Address: 507 ORANGE STREET
☐ Director NEWARK, NJ 07107
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

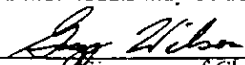
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: LISA BILLOW
☐ Vice Chairman Address: 507 ORANGE STREET
☐ Director NEWARK, NJ 07107
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. GREGG WILSON, PRESIDENT
(Typed or printed name and capacity of person signing application)



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO ADOPT AN
ALTERNATE NAME FOR USE IN FLORIDA**

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Gregg Wilson, do hereby certify
(Name)

that this Resolution of the Board of Directors of New Testament Ministries Inc
(Name of Corporation)

a corporation duly organized and existing under the laws of New Jersey,
(State or Country)

was adopted on October 10, 2019, adopting the alternate

name of New Testament Church Inc
(Alternate Name) NOTE: Must contain a corporate suffix)

for use in Florida as its real name is unavailable in Florida.

Date: October 10, 2019

Gregg Wilson
Signature of Chairman, Vice Chairman of the Board, a
director or any officer

President
Title of person signing

FILING FEE \$35

(No fee required if submitted with a foreign not for profit qualification or amendment)

Make checks payable to Florida Department of State and mail to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

NEW TESTAMENT MINISTRIES
0100411748

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on March 31, 1989.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

Gregg Wilson
505-507 Orange St.
Newark, NJ 07107-2128



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
21st day of July, 2019

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6099140999

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

STATE OF NEW JERSEY
TALLAHASSEE, FLORIDA

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