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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **F95000000602 (1)**

1. Corporation Name
NEW TESTAMENT CHURCH OF TRANSFIGURATION, INC.

Principal Place of Business	Mailing Address
6815 NW 7TH AVE. MIAMI FL 33126	6815 NW 7TH AVE. MIAMI FL 33126

New testament Church of transfigurat

2. Principal Place of Business
21 6815 NW 7th
Suite, Apt. #, etc.
22 Miami fla
City & State
23 33126
Zip 24 | Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

3. Date Incorporated or Qualified
02/06/1995

4. FEI Number
NOT APPLICABLE
☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CATO, CORA L
6815 NW 7 AVE
MIAMI FL 33150

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 Cora L Cato
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	CP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CATO, CORA L		1.2 NAME		
STREET ADDRESS	6815 NW 7 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33150		1.4 CITY-ST-ZIP		
TITLE	CST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	REID, BLONDELL		2.2 NAME		
STREET ADDRESS	1502 RIVERSIDE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WAYCROSS GA 31501		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CLAY, GEORGE H		3.2 NAME		
STREET ADDRESS	1502 RIVERSIDE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WAYCROSS GA 31501		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CLAY, C.B.		4.2 NAME		
STREET ADDRESS	1502 RIVERSIDE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	WAYCROSS GA 31501		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Cora L Cato 3/24/98 305 546 9273