2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
03-29-2001 90408 030 ****61.25

0033781

DOCUMENT # F95000000602

1. Entity Name

NEW TESTAMENT CHURCH OF TRANSFIGURATION, INC.

Principal Place of Business	Mailing Address
8520 SHERMAN CIRCLE B-201 MIRAMAR FL 33025 US	3530 SHERMAN CIRCLE A-508 MIRAMAR FL 33025 US

UUU2JJ21

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8530 Sherman Cir	8530 Sherman Cir
Suite, Apt. #, etc.: A508	Suite, Apt. #, etc.: A508
City & State: Miramar Fla	City & State: Miramar Fla
Zip: 33025 Country: US	Zip: 33025 Country: US

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CATO, CORA L 8520 SHERMAN CIR. N. B201 MIRAMAR FL 33025	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: CORA L. CATO Cora L. Cato 3/24/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FCEO CATO, CORA L 8520 SHERMAN CIR. N. B201 MIRAMAR FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A REID, BLOWDELL 8530 SHERMAN CIR. N. A508 MIRAMAR FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARKE, NATALIE 8520 SHERMAN CIR. N. B201 MIRAMAR FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Cora L. Cato 954-443-0775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/24/01 Date Daytime Phone #