NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State
04-09-2002 90734 048 ****61.25

DOCUMENT # F95000000602

1. Entity Name

New Testament Church of Transfigur

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2. Principal Place of Business	3. Mailing Address
19135 N.W. 10th Ave	19135 N.W. 10th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fla	City & State: Miami Fla
Zip: 33169 Country: DADE	Zip: 33169 Country: DADE

4. FEI Number: EIN 58-2160264 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Cora L. Cato

Street Address (P.O. Box Number is Not Acceptable): 19135 N.W. 10th Ave

City: Miami Fla **FL** Zip Code: 33169

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 3/28/2002

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

FEE IS $61.25 Initial or Amended UBR	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

TITLE	Apostle Ast	TITLE	
NAME	Cora Cato	NAME	
STREET ADDRESS	19135 N.W. 10th Ave	STREET ADDRESS	
CITY-ST-ZIP	Miami Fla 33169	CITY-ST-ZIP	
TITLE	Apostle CEO	TITLE	
NAME	Blondell Reid	NAME	
STREET ADDRESS	19135 N.W. 10th Ave Sec.	STREET ADDRESS	
CITY-ST-ZIP	Miami Fla 33169	CITY-ST-ZIP	
TITLE	Apostle CEO	TITLE	
NAME	Natalie Clarke	NAME	
STREET ADDRESS	19135 N.W. 10th Ave	STREET ADDRESS	
CITY-ST-ZIP	Miami Fla 33169	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Cora L Cato 3/28/2002