


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90041 004 ****70.00

DOCUMENT # F95000000602			
1. Entity Name NEW TESTAMENT CHURCH OF TRANSFIGURATION, INC.			
Principal Place of Business 20690 N.E. 2ND AVE MIAMI, FL 33159 US		Mailing Address 20690 N.E. 2ND AVE MIAMI, FL 33159 US	
2. Principal Place of Business - No P.O. Box # 20690 NE 2nd Ave		3. Mailing Address 20690 NE 2nd Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State, Miami, FL		City & State, Miami, FL	
Zip 33179	Country U.S.A.	Zip 33179	Country U.S.A.
6. Name and Address of Current Registered Agent CATO, CORA L 19135 N.W. 10TH AVE. MIAMI, FL 33169		7. Name and Address of New Registered Agent Name Cato, Cora L. Street Address (P.O. Box Number is Not Acceptable) 20690 NE 2nd Ave. City Miami FL Zip Code 33179	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>[Signature]</i> DATE: 1/3/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A CATO, CORA L 1265 NE 200TH STREET MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A Cato, Cora L. 20690 NE 2nd Ave. Miami, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOS REID, BLOWDELL 1265 NE 200TH STREET MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOS Reid, Blondell 20690 NE 2nd Ave. Miami, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CLARKE, NATALIE 1265 NE 200TH STREET MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Clarke, Natalie 20690 NE 2nd Ave. Miami, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> DATE: 1/3/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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01032008 Chg-NP CR2E037 (12/06)

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

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required