

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-15-2005 90128 001 *****8.75
08-15-2005 90128 002 *****61.25

DOCUMENT # N00000003093 1. Entity Name NEW TESTAMENT TABERNACLE MINISTRY INC.																																																																																																																																																					
Principal Place of Business 702 W 3RD STREET LAKELAND, FL 33805			Mailing Address P.O. BOX 67 LAKELAND, FL 33802-0067																																																																																																																																																		
2. Principal Place of Business <i>SAME</i>		3. Mailing Address <i>SAME</i>																																																																																																																																																			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																																																																			
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5. Certificate of Status Desired ☒				Applied For Not Applicable																																																																																																																																																	
6. Name and Address of Current Registered Agent BROWN, HERBERT L 702 W 3RD STREET LAKELAND, FL 33805																																																																																																																																																					
7. Name and Address of New Registered Agent Name <i>SAME</i> Street Address (P.O. Box Number is Not Acceptable) <i>719 Parkview Place</i> City <i>Lakeland</i> FL <i>33805</i>																																																																																																																																																					
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>Herbert L. Brown</i> 2-08-05 Signature, typed or printed name of registered agent and the date it is applicable. (NOTE: Registered Agent signature required when reinstating)																																																																																																																																																					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																																																																	
Make check payable to Florida Department of State																																																																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>BROWN, HERBERT L</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>702 W 3RD STREET LAKELAND, FL 33805</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: center;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>BROWN, SHANTEL O</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7538 HIGHLAND DRIVE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LAKELAND, FL 33809</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: center;">☒ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>BORDERS, DELORIA</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>959 DOREEN DRIVE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LAKELAND, FL 33805</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><i>Valerie Payne E</i></td> <td style="text-align: center;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td><i>1046 Neville Ave</i></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><i>Lakeland FL 33805</i></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><i>Asst. Secy</i></td> <td style="text-align: center;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td><i>Herbert Brown Sr.</i></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><i>719 Parkview Pl.</i></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><i>Lakeland FL 33805</i></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	BROWN, HERBERT L		STREET ADDRESS			CITY - ST - ZIP	702 W 3RD STREET LAKELAND, FL 33805		CITY - ST - ZIP			TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	BROWN, SHANTEL O		NAME			STREET ADDRESS	7538 HIGHLAND DRIVE		STREET ADDRESS			CITY - ST - ZIP	LAKELAND, FL 33809		CITY - ST - ZIP			TITLE	S	☒ Delete	TITLE		☐ Change ☐ Addition	NAME	BORDERS, DELORIA		NAME			STREET ADDRESS	959 DOREEN DRIVE		STREET ADDRESS			CITY - ST - ZIP	LAKELAND, FL 33805		CITY - ST - ZIP			TITLE	<i>Valerie Payne E</i>	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	<i>1046 Neville Ave</i>		NAME			STREET ADDRESS	<i>Lakeland FL 33805</i>		STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE	<i>Asst. Secy</i>	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	<i>Herbert Brown Sr.</i>		NAME			STREET ADDRESS	<i>719 Parkview Pl.</i>		STREET ADDRESS			CITY - ST - ZIP	<i>Lakeland FL 33805</i>		CITY - ST - ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP		
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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: <i>Asst. Secy H. L. Brown</i> 7-18-05 - 686-1109 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																																					

66026610



05092005 Chg-NP CR2E037 (10/03)

**\$8.75 Additional
Fee Required**

529-3878