

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006323

FILED
Mar 01, 2007
Secretary of State

Entity Name: NEW CONGREGATIONAL CHURCH OF GOD, INC.

Current Principal Place of Business:

2101-NINTH AVENUE SOUTH
ST PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

2101-NINTH AVENUE SOUTH
ST PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 59-3735131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLS, EARL
2101-NINTH AVENUE SOUTH
ST PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TVC () Delete
Name: MILLS, EARL
Address: 2101-NINTH AVENUE SOUTH
City-St-Zip: ST PETERSBURG, FL 33712

Title: TS () Delete
Name: WYNN, CAROLYN
Address: 4380 MENHADEN DR SE
City-St-Zip: ST PETERSBURG, FL 33705

Title: TC () Delete
Name: HENRY, WILBERT
Address: 5026 1 AVE NORTH
City-St-Zip: ST PETERSBURG, FL 33710

Title: T () Delete
Name: PRICE, ORADELL
Address: 3495 16TH AVE SOUTH
City-St-Zip: ST PETERSBURG, FL 33712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN WYNN

TS

03/01/2007

Electronic Signature of Signing Officer or Director

Date