

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006323

FILED  
Jul 15, 2008  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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 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

07/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date