

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000007153

1. Entity Name
FELLOWSHIP NEW TESTAMENT CHURCH OF GOD, INC.



FILED
06 SEP 29 11:25

Principal Place of Business
5619 S. UNIVERSITY DRIVE
DAVIE, FL 33328

Mailing Address
PO BOX 26065
PEMBROKE PINES, FL 33026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09252006 REIN-NP CR2E099 11/06

4. FEI Number
65-1146557

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLEOD, FREDERICK G DIR
5470 NW 106 DR
CORAL SPRINGS, FL 33076

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FREDERICK G. MCLEOD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/24/06

FILE NOW!!! FEE IS \$61.25
After January 1, 2007, Fee will be \$122.50

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

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
P
BEASON, FEDLYN A DR
16501 SW 18ST
MIRAMAR, FL 33027 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
MCLEOD, FREDERICK
5470 NW 106 DR
CORAL SPRINGS, FL 33076 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MORANT, GEORGE DIR
19001 N.W. 12TH COURT
MIAMI, FL 33179 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
CHAMBERS, JES YOUTH
5985 DEL LAGO CIRCLE
SUNRISE, FL 33313 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WATSON, NOEL DIR
3199 FOXCROFT RD #313
MIRAMAR, FL 33025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
WATSON, VIEWROSE
1411 S.W. 97 AVENUE
PEMBROKE PINES, FL 33025 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAMPBELL, ALTAMONT DIR
5979 N.W. 16TH STREET
SUNRISE, FL 33313 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
CAMPBELL, ALTIMAN
1681 NW 70 AVE, #203
PLANTATION, FL 33313 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DILLON, RAYMOND DIR
8746 S BERMUDA DR
MIRAMAR, FL 33025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
LINTON, ADOLPHUS
19241 NW 14 ST
PEMBROKE PINES, FL 33029 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
BEASON, ORAL L PASTOR
15259 NW 7 ST
HOLLYWOOD, FL 33025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
LOWE, ANTHONY
2665 NW 22 STREET
FT. LAUDERDALE, FL 33311 ☐ Change ☒ 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:

FREDERICK MCLEOD - DIRECTOR

9/24/06

Daytime Phone #

854-650-1319