

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007153

FILED
Mar 26, 2009
Secretary of State

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

Current Principal Place of Business:

4140 SW 54TH AVE.
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

PO BOX 26065
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 65-1146557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEOD, FREDERICK G DIR
5470 NW 106 DR
CORAL SPRINGS, FL 33076 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: DVP () Delete
Name: BEASON, FEDLYN A DR
Address: 15259 NW 7 STREET
City-St-Zip: HOLLYWOOD, FL 33025

Title: D () Delete
Name: MCLEOD, FREDERICK G
Address: 5470 NW 106 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D () Delete
Name: LINTON, ADOLPHUS
Address: C/O 4140 SW 54TH AVENUE
City-St-Zip: DAVIE, FL 33314

Title: D () Delete
Name: LOWE, ANTHONY
Address: 2665 NW 22ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D () Delete
Name: CHAMBERS, DESYOUTH
Address: 5985 DEL LAGO CIRCLE
City-St-Zip: SUNRISE, FL 33313

Title: D () Delete
Name: BANTON, EVET
Address: 3636 SW 167TH AVENUE
City-St-Zip: MIRAMAR, FL 33027

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
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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: ORAL BEASON

VP

03/26/2009

Electronic Signature of Signing Officer or Director

Date