


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90073 044 ****61.25

DOCUMENT # N02671	
1. Entity Name NEW TESTAMENT BAPTIST CHURCH OF INVERNESS, INC.	

Principal Place of Business 40 N. SHEFFIELD TERR. INVERNESS, FL 32650	Mailing Address 40 N. SHEFFIELD TERR. INVERNESS, FL 32650
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40062492



04122007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2933924		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KOVACH, MICHAEL T. ES 106 N OSCEOLA AVE INVERNESS, FL 34450		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAYBORN, CLIFTON H PD	NAME	
STREET ADDRESS	40 N. SHEFFIELD TERR.	STREET ADDRESS	
CITY-ST-ZIP	INVERNESS, FL 34453	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOLLAR, ROBERT L VD	NAME	Thomas W. Clayborn II
STREET ADDRESS	155 S. ALLMAN TERRANCE	STREET ADDRESS	300 Remington Ct.
CITY-ST-ZIP	LECANTO, FL 34461	CITY-ST-ZIP	Boonville, Indiana 47601
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAYBORN, WAYNE D	NAME	
STREET ADDRESS	680 N INDEPENDENCE DR	STREET ADDRESS	
CITY-ST-ZIP	INVERNESS, FL 34453	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURBIN, MICHAEL J D	NAME	
STREET ADDRESS	44 S. ALLMAN TERRANCE	STREET ADDRESS	
CITY-ST-ZIP	LECANTO, FL 34461	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLLAR, DAVID D	NAME	
STREET ADDRESS	PO BOX 1584	STREET ADDRESS	
CITY-ST-ZIP	HERNANDO, FL 34442	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOLLAR, LEE TD	NAME	Jeffery L. Clayborn
STREET ADDRESS	20190 S.W. 54TH ST.	STREET ADDRESS	4651 N. Custer Terr.
CITY-ST-ZIP	DUNNELLON, FL 34431	CITY-ST-ZIP	Hernando, Florida 34442

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: Clifton H. Clayborn Clifton H. Clayborn 4-12-07 352-726-2349