

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State

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**



02112008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-2933924

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KOVACH, MICHAEL T. ES
106 N OSCEOLA AVE
INVERNESS, FL 34450**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000825029
02/20/08-80102-019 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLAYBORN, CLIFTON H PD 40 N. SHEFFIELD TERR. INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLAYBORN, THOMAS W II 300 REMINGTON CT BOONVILLE, IN 47601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYBORN, WAYNE D 680 N INDEPENDENCE DR INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLAYBORN, JEFFREY L 4651 N. CUSTER TER HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-08
Date

352-726-2349
Daytime Phone #