

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02671

FILED
Jan 23, 2009
Secretary of State

Entity Name: NEW TESTAMENT BAPTIST CHURCH OF INVERNESS, INC.

Current Principal Place of Business:

40 N. SHEFFIELD TERR.
INVERNESS, FL 32650

New Principal Place of Business:

Current Mailing Address:

40 N. SHEFFIELD TERR.
INVERNESS, FL 32650

New Mailing Address:

FEI Number: 59-2933924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KOVACH, MICHAEL T. ES
105 N. SEMINOLE AVE.
INVERNESS, FL 34450 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:

01/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLAYBORN, CLIFTON H PD
Address: 40 N. SHEFFIELD TERR.
City-St-Zip: INVERNESS, FL 34453

Title: VD () Delete
Name: CLAYBORN, THOMAS W II
Address: 300 REMINGTON CT
City-St-Zip: BOONVILLE, IN 47601

Title: D () Delete
Name: CLAYBORN, WAYNE D
Address: 680 N INDEPENDENCE DR
City-St-Zip: INVERNESS, FL 34453

Title: TD () Delete
Name: CLAYBORN, JEFFREY L
Address: 4651 N. CUSTER TER
City-St-Zip: HERNANDO, FL 34442

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: CLIFTON H. CLAYBORN

P D

01/23/2009

Electronic Signature of Signing Officer or Director

Date