2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2006
Secretary of State

DOCUMENT# N03000001578

Entity Name: NEW TRINITY COVENANT OF GOD MINISTRY, INC.

Current Principal Place of Business:

31 WEST MICHAEL GLADDEN
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

1564 CLARCONA ROAD
APOPKA, FL 32703

New Mailing Address:

FEI Number: 42-1585908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PRESTON, RETHA
1564 CLARCONA ROAD
APOPKA, FL 32703 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: TD ( ) Delete
Name: FENCHER, DERRICK
Address: 1601 SOUTH WASHINGTON AVE
City-St-Zip: APOPKA, FL 32703

Title: PD ( ) Delete
Name: PRESTON, RETHA
Address: 1564 CLARCONA ROAD
City-St-Zip: APOPKA, FL 32703

Title: SD ( ) Delete
Name: HAMPTON, LORETHA
Address: 1306 SOUTH HIGHLAND AVE.
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete
Name: RIVERS, BETTY
Address: 1831 UNSER STREET
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete
Name: RILEY, LASHUN
Address: 1720 OLD APOPKA ROAD
City-St-Zip: APOPKA, FL 32703

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RETHA PRESTON PD 08/26/2006
Electronic Signature of Signing Officer or Director — Date