2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000007493

1. Entity Name
FAITH NEW TESTAMENT CHURCH OF GOD, INC.

Principal Place of Business	Mailing Address
808 SW 3RD STREET DELRAY BEACH, FL 33444	808 SW 3RD STREET DELRAY BEACH, FL 33444

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04302008 No Chg-NP CR2E037 (4/06)

4. FEI Number
03-0549433
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, J.V.M.
808 SW 3RD STREET
DELRAY BEACH, FL 33444

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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 _____ 04/30/08
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

U00000942854
05/29/08-80037-020 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	THOMPSON, JVM
STREET ADDRESS	808 SW 3RD STREET
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	V
NAME	THOMPSON, LAUREL
STREET ADDRESS	808 SW 3RD STREET
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	S
NAME	WALLACE, NORMA
STREET ADDRESS	1501 WATERVIEW CIRCLE
CITY-ST-ZIP	PALM SPRINGS, FL 33461
TITLE	T
NAME	CAMPBELL, AMY
STREET ADDRESS	3448 SPRING BLUFF PLACE
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: JOSEPH THOMPSON 04/30/08 5615035869
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #