

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005098

FILED
Mar 04, 2008
Secretary of State

Entity Name: NEW TESTAMENT FAITH CENTER MINISTRIES, INC.

Current Principal Place of Business:

862 SW GLENVIEW CT
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

862 SW GLENVIEW CT
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 04-3587362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLIMAN, PHILBERT
6289 W SUNRISE BLVD
STE 250
SUNRISE, FL 33313 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: P () Delete
Name: FRECKLETON, L. WINSTON
Address: 222 SW FERNLEAF TRAIL
City-St-Zip: PORT ST LUCIE, FL 34953

Title: SD () Delete
Name: FRECKLETON, LORNA E
Address: 222 SW FERNLEAF TRAIL
City-St-Zip: PORT ST LUCIE, FL 34953

Title: T () Delete
Name: GITTENS, JANICE
Address: 1998 SE CHELTENHAM ST
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D () Delete
Name: COKE, WINSTON
Address: 432 COLLEGE PARK RD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D () Delete
Name: SAMUELS, SWINFORD
Address: 1925 SW TAURUS LN
City-St-Zip: PORT ST LUCIE, FL 34984

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 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: L. WINSTON FRECKLETON

P

03/04/2008

Electronic Signature of Signing Officer or Director

Date