

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005098

FILED  
Apr 14, 2009  
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: P (X) Change ( ) Addition  
Name: FRECKLETON, L. WINSTON  
Address: 862 SW GLENVIEW COURT  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: SD (X) Change ( ) Addition  
Name: FRECKLETON, LORNA E  
Address: 862 SW GLENVIEW COURT  
City-St-Zip: PORT ST LUCIE, FL 34953

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

04/14/2009

Electronic Signature of Signing Officer or Director

Date