


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N06884 1. Entity Name NEW TESTAMENT CHRISTIAN CENTER, INC.	
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Principal Place of Business 2558 E. HIGHWAY 90 PO BOX 955 MADISON, FL 32341 US	Mailing Address 2 1/2 MILES E. HIGHWAY 90 PO BOX 955 MADISON, FL 32341 US
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DO NOT WRITE IN THIS SPACE



07092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2479655	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DOYLE, JOSEPH P 825 SE CORINTH CHURCH RD LEE, FL 32059	DO NOT WRITE IN THIS SPACE
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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: _____ (NOTE: Registered Agent signature required when relocating) DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000768751 07/13/07-80010-019 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOYLE, JOSEPH P. 825 SE CORINTH CHURCH RD LEE, FL 32059
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STARLING, CHARLES M. 519 SW GABRIELLA WAY MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TAYLOR, JOHNNY C 410 SE HARPOON ST MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TAYLOR, JOHN P 120 SE HARPOON ST MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 	7-16-07	(850) 973-8547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #