

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06884

1. Entity Name  
NEW TESTAMENT CHRISTIAN CENTER, INC.



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

**FILED**  
**Jul 11, 2008 08:00 AM**  
**Secretary of State**



07082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

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**

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

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 September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

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

U00000954238  
07/11/08-80007-013 61.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-08

Date

810  
973-8847

Daytime Phone #