2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N06884

Entity Name: NEW TESTAMENT CHRISTIAN CENTER, INC.

Current Principal Place of Business:

2558 E. HIGHWAY 90
PO BOX 955
MADISON, FL 32341 US

New Principal Place of Business:

2558 E. HIGHWAY 90
MADISON, FL 32341 US

Current Mailing Address:

2 1/2 MILES E. HIGHWAY 90
PO BOX 955
MADISON, FL 32341 US

New Mailing Address:

FEI Number: 59-2479655 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOYLE, JOSEPH P
825 SE CORINTH CHURCH RD
LEE, FL 32059 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: DP ( ) Delete
Name: DOYLE, JOSEPH P.,
Address: 825 SE CORINTH CHURCH RD
City-St-Zip: LEE, FL 32059

Title: DV ( ) Delete
Name: STARLING, CHARLES M.
Address: 519 SW GABRIELLA WAY
City-St-Zip: MADISON, FL 32340

Title: DT ( ) Delete
Name: TAYLOR, JOHNNY C
Address: 410 SE HARPOON ST
City-St-Zip: MADISON, FL 32340

Title: DS ( ) Delete
Name: TAYLOR, JOHN P
Address: 120 SE HARPOON ST
City-St-Zip: MADISON, FL 32340

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:

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: ANGELA SOWARDS MRS. 01/20/2009

Electronic Signature of Signing Officer or Director — Date