

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18854 (2)
1. Corporation Name
THE NEW TESTAMENT CHURCH OF GOD U.S.A., INC.



Principal Place of Business Mailing Address
1109 AUSTRALIAN AVE. 1109 AUSTRALIAN AVE.
W. PALM BEACH FL 33401 W. PALM BEACH FL 33401

3. Date Incorporated or Qualified 01/22/1987 3a. Date of Last Report 02/13/1995

2. Principal Place of Business 21 1109 AUSTRALIAN AVE Suite, Apt. #, etc. 22 W. PALM BEACH City & State 23 Florida Zip 24 33407	2a. Mailing Address 26 1109 AUSTRALIAN AVE Suite, Apt. #, etc. 27 W. Palm Beach City & State 28 Florida Zip 29 33401	4. FEI Number 59-2770103 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent PALMER, REV. ALZONO 4104 TEMPLE ST. W. PALM BEACH FL 33407	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	PALMER, ALONZO	1.2 NAME	
STREET ADDRESS	4104 TEMPLE ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	MALCOLM, JAMES	2.2 NAME	
STREET ADDRESS	711 SILVER BEACH RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE PARK FL	2.4 CITY - ST - ZIP	
TITLE	MD	3.1 TITLE	
NAME	RICKETTS, GEORGE	3.2 NAME	
STREET ADDRESS	721 38TH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE	M	4.1 TITLE	
NAME	PALMER, DELORES C.	4.2 NAME	
STREET ADDRESS	4104 TEMPLE ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL	4.4 CITY - ST - ZIP	
TITLE	ST	5.1 TITLE	
NAME	FRANCE, ILMA	5.2 NAME	
STREET ADDRESS	150 37TH STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	RIVIERA BEACH FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alonzo Palmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/96

683-2886

Daytime Phone #

CR2E037 (3/96)