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FILED
Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION: ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18854 (2)
1. Corporation Name
THE NEW TESTAMENT CHURCH OF GOD U.S.A., INC.



Principal Place of Business 1109 AUSTRALIN AVE WEST PALM BEACH FL 33407 US	Mailing Address 1109 AUSTRALIAN AVE WEST PALM BEACH FL 33401-3117 US <i>1111 Fairfield a Palm Beach FL 33407</i>
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3. Date Incorporated or Qualified 01/22/1987	3a. Date of Last Report 07/08/1996
4. FEI Number 59-2770103	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2b. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	MD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISDOM HENRY	6.2 NAME	
STREET ADDRESS	11543 OLEANDER DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *A. Palmer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: *4/13/97*
Daytime Phone # *0038263*