2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 13, 2000 8:00 am Secretary of State **DOCUMENT # N18854** 01-13-2000 90038 020 ****70.00 THE NEW TESTAMENT CHURCH OF GOD U.S.A., INC. Mailing Address Principal Place of Business 1111 FAIRFIELD 1111 FAIRFIFLD DR WEST PALM BEACH FL 33407-2331 MAGNOLIA PARK FL 33407 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2770103 Not Applicable Country \$8.75 Additional Zip Zíp Country 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PALMER, REV. ALZONO 4104 TEMPLE ST. W. PALM BEACH FL 33407 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 · OFFICERS AND DIRECTORS 10. 11. ☐ Addition PD ☐ Delete TITLE ☐ Change TITLE NAME PALMER, ALONZO NAME STREET ADDRESS STREET ADDRESS 4104 TEMPLE ST. CITY-ST-ZIP CITY-ST-ZIP <u>w. Palm Beach Fl</u> ☐ Change ☐ Addition VD. ☐ Delete TITLE TITLE NAME MALCOLM, JAMES STREET ADDRESS STREET ADDRESS 711 SILVER BEACH RD. CITY-ST-ZIP CITY-ST-ZIP LAKE PARK FL Change Addition Delete TITLE NAME PALMER, DELORES C. NAME STREET ADDRESS STREET ADDRESS 4104 TEMPLE ST. CITY-ST-ZIP CITY-ST-ZIP W. PALM BEACH FL

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 path; 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.

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