


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90029 028 \*\*\*\*61.25

<b>DOCUMENT # N18854</b>	
<b>1. Entity Name</b> THE NEW TESTAMENT CHURCH OF GOD U.S.A., INC.	

<b>Principal Place of Business</b> 1111 FAIRFIELD DR MANGONIA PARK FL 33407 US	<b>Mailing Address</b> 1111 FAIRFIELD WEST PALM BEACH FL 33407 US
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MOORE CR2E037 (11/03)

<b>2. Principal Place of Business</b> New Testament Church of God 1111 FAIRFIELD DR Mangonia Park 33407 PBC	<b>3. Mailing Address</b> 1111 FAIRFIELD Drive Mangonia Park Florida 33407 PBC
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<b>4. FEI Number</b> NO-T APPLICABLE	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b> PALMER, REV. ALZONO 2019 TRINIDAD CT. WEST PALM BEACH FL 33415	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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.**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
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<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD <b>NAME</b> PALMER, ALONZO <b>STREET ADDRESS</b> 2019 TRINIDAD CT. <b>CITY-ST-ZIP</b> WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> MALCOLM, JAMES <b>STREET ADDRESS</b> 2019 TRINIDAD CT. <b>CITY-ST-ZIP</b> WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> M <b>NAME</b> PALMER, DELORES C. <b>STREET ADDRESS</b> 4104 TEMPLE ST. <b>CITY-ST-ZIP</b> W. PALM BEACH FL	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> ST <b>NAME</b> FRANCE, ILMA <b>STREET ADDRESS</b> 150 37TH STREET <b>CITY-ST-ZIP</b> RIVIERA BEACH FL	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MD <b>NAME</b> WISDOM, HENRY <b>STREET ADDRESS</b> 11543 OLEANDER DRIVE <b>CITY-ST-ZIP</b> ROYAL PALM BEACH FL	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  <input type="checkbox"/> Change <input type="checkbox"/> Addition	

**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 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.**

<b>SIGNATURE:</b> A. Palmer	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	<b>DATE</b> 2/4/04	<b>Daytime Phone #</b> 561-881-9095
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Attachment  
Doc. # N18854

54005423

Please take note  
of the addresses  
for Malcolm &  
Deborah Palmer.  
Please make corrections  
Thank you