

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90077 001 ****61.25

DOCUMENT # N18854

1. Entity Name

THE NEW TESTAMENT CHURCH OF GOD U.S.A., INC.



Principal Place of Business

NEW TESTAMENT CHURCH OF GOD
1111 FAIRFIELD DR
MANGONIA PARK FL 33407
US

Mailing Address

1111 FAIRFIELD DR.
MANGONIA PARK FL 33407
US

2. Principal Place of Business

3. Mailing Address



1st MOORE

CR2E037 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALMER, REV. ALZONO
2019 TRINIDAD CT.
WEST PALM BEACH FL 33415

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PALMER, ALONZO
STREET ADDRESS 2019 TRINIDAD CT.
CITY-ST-ZIP WEST PALM BEACH FL 33415 ☐ Delete

TITLE VD
NAME MALCOLM, JAMES
STREET ADDRESS 711 SILVER BEACH RD.
CITY-ST-ZIP LAKE PARK FL 33408 ☐ Delete

TITLE M
NAME PALMER, DELORES C.
STREET ADDRESS 2019 TRINIDAD CT.
CITY-ST-ZIP W. PALM BEACH FL ☐ Delete

TITLE ST
NAME FRANCE, ILMA
STREET ADDRESS 150 37TH STREET
CITY-ST-ZIP RIVIERA BEACH FL ☐ Delete

TITLE MD
NAME WISDOM, HENRY
STREET ADDRESS 11543 OLEANDER DRIVE
CITY-ST-ZIP ROYAL PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alfonso Palmer

2/11/05

561-881-9095