

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

02-20-2007 90047 032 \*\*\*\*\*70.00  
FILE # 18854  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

37 APR 18 AM 7:57

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| <b>DOCUMENT # N18854</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                        |                                      |
| 1. Entity Name<br><b>THE NEW TESTAMENT CHURCH OF GOD U.S.A., INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                         |                                      |
| Principal Place of Business<br><b>NEW TESTAMENT CHURCH OF GOD<br/>1111 FAIRFIELD DR<br/>MANGONIA PARK FL 33407<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | Mailing Address<br><b>1111 FAIRFIELD DR.<br/>MANGONIA PARK FL 33407<br/>US</b>                                                          |                                      |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | 3. Mailing Address                                                                                                                      |                                      |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          | Suite, Apt. #, etc.                                                                                                                     |                                      |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | City & State                                                                                                                            |                                      |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country                  | Zip                                                                                                                                     | Country                              |
| 4. FEI Number<br><b>NO-T APPLICABLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          | Applied For<br><input checked="" type="checkbox"/> Not Applicable                                                                       |                                      |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | <b>\$8.75 Additional Fee Required</b>                                                                                                   |                                      |
| 6. Name and Address of Current Registered Agent<br><b>PALMER, REV. ALZONO<br/>2019 TRINIDAD CT.<br/>WEST PALM BEACH FL 33415</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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: <u>Alonzo Palmer</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          | DATE: <u>2/7/07</u>                                                                                                                     |                                      |
| FILE NOW: FEE IS \$81.25<br>Due By May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                         |                                      |
| Make Check Payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                                                                                                                         |                                      |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                                         |                                      |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NAME                     | TITLE                                                                                                                                   | NAME                                 |
| PO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PALMER, ALONZO           | 2nd Vice President                                                                                                                      | Ode Palmer                           |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2019 TRINIDAD CT.        | STREET ADDRESS                                                                                                                          | 7706 Greytwig Lane, Orlando FL 32818 |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | WEST PALM BEACH FL 33415 | CITY - ST - ZIP                                                                                                                         | 3855 Torres Circle WPA FL 33409      |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NAME                     | TITLE                                                                                                                                   | NAME                                 |
| VD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MALCOLM, JAMES           | Deacon                                                                                                                                  | Leroy McKay                          |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 711 SILVER BEACH RD.     | STREET ADDRESS                                                                                                                          | 3855 TORRES CIR WPA FL 33409         |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | LAKE PARK FL 33408       | CITY - ST - ZIP                                                                                                                         |                                      |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NAME                     | TITLE                                                                                                                                   | NAME                                 |
| SA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PALMER, DELORES C.       |                                                                                                                                         |                                      |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2019 TRINIDAD CT.        |                                                                                                                                         |                                      |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | W. PALM BEACH FL         |                                                                                                                                         |                                      |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NAME                     | TITLE                                                                                                                                   | NAME                                 |
| Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | FRANCE, LMA              |                                                                                                                                         |                                      |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 150 37TH STREET          |                                                                                                                                         |                                      |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | RIVIERA BEACH FL         |                                                                                                                                         |                                      |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NAME                     | TITLE                                                                                                                                   | NAME                                 |
| 1st Vice President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | WISDOM, HENRY            |                                                                                                                                         |                                      |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 11543 GLEANDER DRIVE     |                                                                                                                                         |                                      |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ROYAL PALM BEACH FL      |                                                                                                                                         |                                      |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NAME                     | TITLE                                                                                                                                   | NAME                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                                                                                                         |                                      |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                                         |                                      |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                                                                                                         |                                      |
| 12. I hereby certify that the information supplied with this filing does not bustify for the exemptions contained in Section 119, 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 the empowered. |                          |                                                                                                                                         |                                      |
| SIGNATURE: <u>Alonzo Palmer</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          | DATE: <u>2/7/07</u>                                                                                                                     |                                      |
| 561-881-9095                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                                                                                                         |                                      |



ATTACHMENT

66009218

NEW TESTAMENT CHURCH OF GOD

1111 Fairfield Drive  
Mangonia Park, Florida 33407  
Phone 561.881.9095



*Rev. Alonzo Palmer (Pastor)*

April 11, 2007

To: Florida Department of State  
Division of Corporations

**Reference Number: N18854**

Here is an attachment of each Officers / Directors of our Board and Titles

**Palmer Alonzo – Director/President**  
2019 Trinidad Court  
West Palm Beach, Fl 33415

**France ILma – Secretary**  
150 37 th Street  
Riviera Beach, Fl

**Wisdom Henry - Vice President**  
11543 Oleander Drive  
Royal Palm Beach, Florida

**Palmer Odel – Vice President**      **Addition**  
7736 Greytwig Lane  
Orlando, Florida

**McKay Leroy -Deacon**      **Addition**  
3855 Torres Circle  
West Palm Beach, Fl 33409

Thank you,

  
Patricia Gentles

Administrative Assistant

*That I May Know Him*  
*Philippians 3:10*