

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18854

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** THE NEW TESTAMENT CHURCH OF GOD U.S.A., INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

1111 FAIRFIELD DR.  
MANGONIA PARK, FL 33407 US

**New Mailing Address:**

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

**FEI Number:** 59-2770103

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

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: ALONZO PALMER

04/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PALMER, ALONZO  
Address: 2019 TRINIDAD CT.  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: 2VP ( ) Delete  
Name: PALMER, ODEL  
Address: 7736 GREYTWIG LANE  
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete  
Name: MCKAY, LEROY  
Address: 3855 TORRES CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: S ( ) Delete  
Name: FRANCE, ILMA  
Address: 150 37TH STREET  
City-St-Zip: RIVIERA BEACH, FL

Title: VP ( ) Delete  
Name: WISDOM, HENRY  
Address: 11543 OLEANDER DRIVE  
City-St-Zip: ROYAL PALM BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALONZO PALMER

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date