

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90145 025 ****61.25

DOCUMENT # N18854

1. Entity Name

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



Principal Place of Business

**1111 FAIRFIELD DR
MAGNOLIA PARK FL 33407
US**

Mailing Address

**1111 FAIRFIELD
WEST PALM BEACH FL 33407
US**

2. Principal Place of Business

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2770103**

Applied For

☒ Not Applicable

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

~~4104 TEMPLE ST.~~ *2019 Trinidad Court*
W. PALM BEACH FL 33407 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 *A Palmer*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **PALMER, ALONZO**
STREET ADDRESS ~~4104 TEMPLE ST.~~ *2019 Trinidad Ct*
CITY-ST-ZIP **W. PALM BEACH FL 33415**

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

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

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

TITLE **M** ☐ Delete
NAME **PALMER, DELORES C.**
STREET ADDRESS ~~4104 TEMPLE ST.~~ *2019 Trinidad Ct*
CITY-ST-ZIP **W. PALM BEACH FL - 33415**

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *A Palmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03

541-881-9095

CR2E037 (10/02)