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NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # N46159

(2)

NEW TESTAMENT ASSEMBLY, INC.

| FILED | | | | | | | | |
|--------|---------|----------|--|--|--|--|--|--|
| Jun 01 | 1998 | 8:00am | | | | | | |
| Secre | etary c | of State | | | | | | |

| Principal Plac | l Place of Business Mailing Address | | | | | | | |
|--|--|--------------------------------|-------------------------------|---|--|--|-------------------|--|
|] | | _ | | | | | | |
| 2754 N.W. 13 ST 2860 Somerset Dr. K200 | | | | | | | | |
| | | LHUDERDALE LAN | | | 3. Date Incorporated or Qualified | 3a. Date of Last R | Report | |
| FT. LAUD | ERDALE FARSAII | Fh: 33311 | AE'S | | 11121191 | 19 | 97 | |
| 2. Principal F | ERDALE FLA3311 | 2a. Mailing Address | | | 4. FEI Number | | pplied For | |
| 21 | | 26 | | | 65-0338645 | No. | ot Applicable | |
| Suite, Apt | #, e lc | Suite, Apt #, etc. | | | 5. Certificate of Status Desired | NI ' | Additional | |
| 22 | | 27 | | | | Fee Re | equired | |
| City & Stat | te . | City & State | | | Election Campaign Financing Trust Fund Contribution | | May Be | |
| Zip | Country | 28 Zip | Country | , | 8. This corporation has liability for in | | to Fees | |
| 24 | 25 | 29 | 30 | | | Yes No | 199.032, | |
| | 9. Name and Address of Curren | | | | 10. Name and Address of New Reg | istered Agent | | |
| | | _ | 81 | Name | · | | | |
| REV. HORTENSE M MATTIS 82 Street Add | | | | dress (P.O. Box Number is Not Acceptable) | | | | |
| 286 | O SOMERSET DR. | Kano | | , | | | | |
| | DERDHLE LAKES. | FL 33311 | 83 | | | | | |
| ~,~ | DARDING WINES! | IN SEEL | 84 | City | | 85 Z _I p (| Code | |
| | | | | | | FL | | |
| office or i | registered agent, or both, in the State. | of Horida, Such change was | authorized by | the corpo | corporation submits this statement for the publication's board of directors. I hereby accept | rpose of changing it the appointment as | ts registered to | |
| agent. La | am familiar with, and accept the obliga | itions of, Section 617.0503, F | lorida Statutes | i. 🕢 | 1 . 5-1 | 4.00 | | |
| SIGNATURE | MY. HORTENSE M. | . MATTIS | DIE Begistered Age | X | tortonue // Tatto | \$ 7.98 | | |
| 12. | OFFICERS AND | | 13. | in signature i | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTOR | | |
| TITLE | 3 | DELETE | 1 1 1 ITLE | | | Change | Addition | |
| NAME | REV. HORTENEE ! | M MATTIC 0 | 1.2 NAME. | | | | | |
| STREET ADDRESS | 2840 SOMERGET | DO KONO | 13 SIREE1 | ADDRESS | • | | | |
| CITY - ST - ZIP | 2860 Somerset Lauderdale Lakes | F4. 38311 | 14 CHY-S | 1-2IP | | | | |
| TITLE | | DELETE | 21 TITLE | ۲ | JOYCE PINNOCK RICE | H diz No Change | ■ Addition | |
| NAME | | | 2.2 NAME | | CIRCLE VILLA | Who K | | |
| STREET ADDRESS | | | 2.3 STREET | ADDRE\$S | asil NW 54 AVE # | 112 | | |
| CITY-ST-ZIP | | ☐ DELETE | 2.4 CHY-5 | ST-ZIP | LAUDERHILL, FL 33 | 315 Change | A Palitina | |
| TITLE . NAME | DJOAN GAYNOR 250 IOWA AVE | | 3.1 TITLE 3.2 NAME | | | ☐ Cuange | ☐ Addition | |
| STREET ADDRESS | ASU TOWN HVE | 1 | 3.2 NAIML 3.3 STREET | ADDOCCC | | | | |
| CITY+ST-ZIP | Fr. LAUDERDALE | 5 FL-33312 | 3.4 CITY-5 | | | | | |
| TITLE | | DELETE | 4.1 TITLE | /· (" | - | ☐ Change | ☐ Addition | |
| NAME | | _ | 4 2 NAM(| - | | | _ | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY - S | T- ZIP | | / | | |
| TITLE | | DELETE | 5.1 TITLE | | | ☐ Change | Addition | |
| NAME | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | 54 CITY-S | T - ZIP | | / | | |
| TITLE | | ☐ DELETE | B 1 TITLE | | | Change | ☐ Addition | |
| NAME | | | 6 2 NAME | | 30000254 3 -06/02/9801018 | 3433 | | |
| STREET ADDRESS | | | 63 STREET | | -05/02/9801018 | 3003 | | |
| CITY-\$1-ZIP 14. Lido herel | by certify that the information supplied | with this filing does not que | 64 CITY-S lify for the exe | | ***75。[][] | I further certify that | the | |
| 14. I do 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 annual report or supplienced and 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 12 or Block 13 if changed, or on an attachment with an address. | | | | | | | | |