


FILE NOW: FILING FEE IS \$61.25

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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90171 024 ****75.00

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N46159

1. Corporation Name
NEW TESTAMENT ASSEMBLY, INC.

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| Principal Place of Business 2754 N.W. 13 STREET WAHSINGTON PARK FT. LAUDERDALE FL 33311 US | Mailing Address 2860 SOMERSET DRIVE K300 LAUDERDALE LAKES FL 33311 US |
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| 2. Principal Place of Business 21 2754 N.W. 13 ST. Suite, Apt. #, etc. | 2a. Mailing Address 26 REV. HORTENSE M. MATTIS Suite, Apt. #, etc. | 3. Date Incorporated or Qualified 11/21/1991 |
| 22 FT. LAUDERDALE City & State | 27 4045 N.W. 16th ST. C 205, City & State | 4. FEI Number 65-0338645 Applied For <input checked="" type="checkbox"/> Not Applicable |
| 23 FL. 33311 US. Zip Country | 28 LAUDERHILL FL. 33313 Zip Country | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 24 <input type="checkbox"/> 25 <input type="checkbox"/> | 29 <input type="checkbox"/> 30 <input type="checkbox"/> | 6. Election Campaign Financing <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution |

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| 9. Name and Address of Current Registered Agent MATTIS, HORTENSE M REV 2860 SOMERSET DRIVE K200 LAUDERDALE LAKES FL 33311 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|----------------------------|---|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATTIS, HORTENSE M REV | 1.2 NAME | |
| STREET ADDRESS | 2860 SOMERSET DR. K200 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAUDERDALE LAKES FL 33311 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PINNOCK RICHARDS, JOYCE | 2.2 NAME | |
| STREET ADDRESS | CIRCLE VILLA, 2511 N.W. 56 AVE. #112 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAUDERHILL FL 33313 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GAYNOR, JOAN | 3.2 NAME | |
| STREET ADDRESS | 250 IOWA AVENUE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33312 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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, with all other like empowered.

SIGNATURE: Hortense M. Mattis SIGNATURE REQUIRED HORTENSE M. MATTIS 4/26/99 954-485-4325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)