## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **N46159** May 17, 2000 8:00 am Secretary of State 1. Entity Name NEW TESTAMENT ASSEMBLY, INC. 05-17-2000 90988 003 \*\*\*\*75.00 Principal Place of Business Mailing Address 4045 N.W.16TH ST C205 2754 N.W. 13 STREET WAHSINGTON PARK **LAUDERHILL FL 33313-5829** FT. LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address Abone DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0338645 Not Applicable **\$8.75** Additional Country Zip. Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MATTIS, HORTENSE M REV MATTIS, HORTENSE M REV -2860 SOMERSET DRIVE K200- 4045 N.W. 16 Gt. C205 Landerhill FL-33313 LAUDERDALE-LAKES-FL-33311-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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. MATTIS Hortense M Ref Change ☐ Addition TITLE Delete TITLE MATTIS, HORTENSE M REV NAME NAME 4045 N.W. 1145T. C205 STREET ADDRESS STREET ADDRESS 2860 SOMERSET DR. K200 LAUDERHILL (FA.33313 CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33311 ☐ Delete TITLE HOLNESS tercival Revi TITLE PINNOCK RICHARDS, JOYCE NAME NAME 7941 KISMET ST. Miramar. FL 33023 STREET ADDRESS STREET ADDRESS CIRCLE VILLA, 2511 N.W. 56 AVE. #112 CITY-ST-ZIP CITY-ST-ZIP Lauderhill fl 333<u>13</u> PINNOCK-RICHARDS Change ☐ Addition Delete TITLE TITLE\* NAME NAME GAYNOR, JOAN STREET ADDRESS STREET ADDRESS 250 IOWA AVENUE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: HOTEL ANTIPE OF PRINTED AND CHICAGO OF DIRECTOR OF DIRE