

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

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-07-2002 90221 045 ****75.00

DOCUMENT # *N46159*
1. Entity Name
NEW TESTAMENT ASSEMBLY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>6011 Rodman Street</i> Suite, Apt. #, etc. <i>201</i> City & State <i>HOLLYWOOD FLORIDA</i>		3. Mailing Address <i>794 Kismet Street</i> Suite, Apt. #, etc. City & State <i>MIRAMAR FLORIDA</i>	
Zip <i>33023</i>	Country <i>U.S.A.</i>	Zip <i>33023</i>	Country <i>U.S.A.</i>

4. FEI Number
65-0338645

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name *RAYNESS HOLNESS*

Street Address (P.O. Box Number is Not Acceptable)
794 KISMET STREET

MIRAMAR

City **FL** Zip Code *33023*

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 *[Signature]* DATE *4/20/02*

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reposting)

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PERCIVAL HOLNESS (Rev.) 7949 Kismet Street MIRAMAR, FL 33023</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>RAYNESS HOLNESS 794 Kismet Street MIRAMAR, FL 33023</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>HOBENSE MATTHEW (Rev.) 6011 RODMAN STREET HOLLYWOOD, FL 33023</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Rayness Holness* RAYNESS HOLNESS *4/20/02*