

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46159

FILED  
Mar 29, 2009  
Secretary of State

Entity Name: NEW TESTAMENT ASSEMBLY, INC.

## Current Principal Place of Business:

5 BARRY ROAD  
WEST PARK, FL 33023 US

## New Principal Place of Business:

## Current Mailing Address:

7941 KISMET STREET  
MIRAMAR, FL 33023 US

## New Mailing Address:

FEI Number: 65-0338645      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HOLNESS, RAYNESS  
7941 KISMET STREET  
HOLLYWOOD, FL 33023 US

## Name and Address of New Registered Agent:

HOLNESS, RAYNESS DR.  
7941 KISMET STREET  
HOLLYWOOD, FL 33023 US

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: RAYNESS HOLNESS

03/29/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MATTIS, HORTENSE M REV  
Address: 5 BARRY ROAD  
City-St-Zip: WEST PARK, FL 33023

Title: D ( ) Delete  
Name: PERCIVAL, HOLNESS A REV.  
Address: 7941 KISMET STREET  
City-St-Zip: MIRAMAR, FL 33023

Title: VP/S ( ) Delete  
Name: RAYNESS, HOLNESS REV.  
Address: 7941 KISMET STREET.  
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete  
Name: MURRAY, DESMOND B DR.  
Address: 3671 HIGH PINE DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: O ( ) Delete  
Name: GALLOWAY, ANGELA H O  
Address: 4441 NW 16TH STREET, # 104  
City-St-Zip: LAUDERHILL, FL 33313 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HOLNESS, PERCIVAL A REV  
Address: 7941 KISMET STREET  
City-St-Zip: MIRAMAR, FL 33023

Title: D (X) Change ( ) Addition  
Name: MATTIS, HORTENSE M REV.  
Address: 5 BARRY ROAD  
City-St-Zip: WEST PARK, FL 33023

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYNESS HOLNESS

VP/S

03/29/2009

Electronic Signature of Signing Officer or Director

Date