


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90105 015 \*\*\*\*75.00

**DOCUMENT # N46159**

1. Entity Name  
**NEW TESTAMENT ASSEMBLY, INC.**



Principal Place of Business  
**6011 RODMAN STREET  
SUITE 202  
HOLLYWOOD FL 33023  
US**

Mailing Address  
**7941 KISMET STREET  
MIRAMAR FL 33023  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**6011 RODMAN STREET #203**

3. Mailing Address  
**7941 Kismet Street**

Suite, Apt. #, etc.  
**HOLLYWOOD, FLORIDA**

Suite, Apt. #, etc.  
**MIRAMAR, FL.**

City & State

4. FEI Number **65-0338645**

Applied For  
 Not Applicable

Zip **33023** Country **U.S.**

Zip **33023** Country **U.S.**

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

**6. Name and Address of Current Registered Agent**

**HOLNESS, RAYNESS**  
**7941 KISMET ROAD**  
**HOLLYWOOD FL 33023**

**7. Name and Address of New Registered Agent**

Name

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

City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MATTIS, HORTENSE M REV</b>	
STREET ADDRESS	<b>6011 RODMAN STREET</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PERCIVAL, REV., HOLNESS</b>	
STREET ADDRESS	<b>7949 KISMET STREET</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RAYNESS, HOLNESS</b>	
STREET ADDRESS	<b>7941 KISMET ST</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Rayness Holness* **RAYNESS HOLNESS** 3-17-03/954981095

CR2E037 (10/02)