


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N46307
 Entity Name
CENTRAL NEW TESTAMENT CHURCH OF GOD, INC.



Principal Place of Business: **4425 N POWERS DR ORLANDO FL 32818**
 Mailing Address: **4425 N POWERS DR ORLANDO FL 32818**



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

1st MOORE CR2E037 (10/05)
 4. FEI Number: **59-3098506** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WRIGHT, IVYLIN B.
332 KETCH COURT
ORLANDO FL 32835

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) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	D <input type="checkbox"/> Delete
NAME	FRANCIS, JAMES N
STREET ADDRESS	19700 N E 22ND AVENUE
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180
TITLE	D <input type="checkbox"/> Delete
NAME	QUARRIE, ACKLAN G
STREET ADDRESS	7069 CARDINAL WOOD CT
CITY-ST-ZIP	ORLANDO FL 32818
TITLE	V <input type="checkbox"/> Delete
NAME	NOTICE, AZELMA M.
STREET ADDRESS	850 PALM OAK DRIVE
CITY-ST-ZIP	APOPKA FL 32712
TITLE	D <input type="checkbox"/> Delete
NAME	BLAIR, WELLESLEY A
STREET ADDRESS	332 KETCH COURT
CITY-ST-ZIP	ORLANDO FL 32835
TITLE	P <input type="checkbox"/> Delete
NAME	NOTICE, GUY S
STREET ADDRESS	850 PALM OAK DRIVE
CITY-ST-ZIP	APOPKA FL 32712
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	

000000482063
 04/11/06-80061-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Guy S. Notice / Azelma M. Notice* 3-24-06 107 780 6888