

ANNUAL REPORT (AR)

DOCUMENT # N46307

1. Entity Name

CENTRAL NEW TESTAMENT CHURCH OF GOD, INC.



FILED
Feb 07, 2007 8:00 AM
Secretary of State

Principal Place of Business 4425 N POWERS DR ORLANDO FL 32818	Mailing Address 4425 N POWERS DR ORLANDO FL 32818
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-3098506		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D FRANCIS, JAMES N <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19700 N E 22ND AVENUE	NAME	U00000625426
STREET ADDRESS	NORTH MIAMI BEACH FL 33180	STREET ADDRESS	02/14/07-80076-003 61.25
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	D QUARRIE, ACKLAN G <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7069 CARDINAL WOOD CT	NAME	
STREET ADDRESS	ORLANDO FL 32818	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	V NOTICE, AZELMA M. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	850 PALM OAK DRIVE	NAME	
STREET ADDRESS	APOPKA FL 32712	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	D BLAIR, WELLESLEY A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	332 KETCH COURT	NAME	
STREET ADDRESS	ORLANDO FL 32835	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	P NOTICE, GUY S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	850 PALM OAK DRIVE	NAME	
STREET ADDRESS	APOPKA FL 32712	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

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: *Azelma M. Notice* **2-5-2007** **407-290-6888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #