


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N46307			
1. 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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WRIGHT, IVYLIN B. 332 KETCH COURT ORLANDO FL 32835		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 re-registering) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS, JAMES N	NAME	
STREET ADDRESS	19700 N E 22ND AVENUE	STREET ADDRESS	U00000901182
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	CITY-ST-ZIP	04/29/08-80059-006 61.25
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUARRIE, ACKLAN G	NAME	
STREET ADDRESS	7069 CARDINAL WOOD CT	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOTICE, AZELMA M.	NAME	
STREET ADDRESS	850 PALM OAK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, WELLESLEY A	NAME	
STREET ADDRESS	332 KETCH COURT	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOTICE, GUY S	NAME	
STREET ADDRESS	850 PALM OAK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	



1st MOORE CR2E037 (10/07)

4. FEI Number **59-3098506** Applied For Not Applicable

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

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 4/7/2008 407 290 6888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR