

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46735

1. Entity Name

THE NEW TESTAMENT BAPTIST CHURCH OF AMERICA, INC

Principal Place of Business

600 N US #1
FT PIERCE FL 34950

Mailing Address

600 N US #1
FT PIERCE FL 34950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0271738

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

WRIGHT, REV RONALD E.
600 N US #1
FT PIERCE FL 34950

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PPF WRIGHT, REV. RONALD E. 1211 AVENUE G FORT PIERCE FL 34950 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
HARRIS, FRANCES 3816 IROQUOIS AVE FORT PIERCE FL 34946 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
ROBINSON, KATHY 4485 28TH AVE VERO BCH FL ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
SMITH, VERA 6150 45TH STREET VERO BEACH FL 32987 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MALONE, J.D. 6001 AVE. M FORT PIERCE FL 34950 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition
JOSEPHINE MALONE 6001 AVENUE M FORT PIERCE, FL. 34950

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition
RAYMOND GORDON JR. 1620 TIMBERLAKE DR. FT. PIERCE FL. 34947

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:

RONALD E. WRIGHT

RONALD E. WRIGHT

Date

7/6/01

Daytime Phone #

465-3780

09-18-2001 90004 018 *****61.25

FILED
N46735
SECRETARY OF STATE
DIVISION OF CORPORATION

01 DEC 17 PM 4:30



DO NOT WRITE IN THIS SPACE

CR2037 (5/01)