SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

~~NONPROFIT~~ ~~CORPORATION~~ ~~ANNUAL REPORT~~ **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 DEC 23 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50772 (5)

1. Corporation Name
NEW TESTAMENT FAITH MINISTRIES INTERNATIONAL, IN
C. 1996 REINSTATEMENT

Principal Place of Business	Mailing Address
403B E NEW HAVEN AVE MELBOURNE FL 32901 US	POST OFFICE BOX 100095 PALM BAY FL 32910-0095

3. Date Incorporated or Qualified: 09/04/1992
3a. Date of Last Report: 06/13/1995
4. FEI Number: 65-0365131 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~JAMES, VIVIENNE D.~~
~~403B E NEW HAVEN AVE~~
~~MELBOURNE FL 32901~~

10. Name and Address of New Registered Agent

81 Name: Elizabeth F. Jackson
82 Street Address (P.O. Box Number is Not Acceptable): 1025 Tobago Terr
83
84 City: Vero Bch FL 65 Zip Code: 32963

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Elizabeth F. Jackson Elizabeth F. Jackson 12/13/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, ELIZABETH F.		1.2 NAME	
STREET ADDRESS	1025 TOBAGO TERR		1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, THOMAS A.		2.2 NAME	REINSTATEMENT 1996
STREET ADDRESS	1025 TOBAGO TERR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JAMES, VIVIENNE D.		3.2 NAME	300002036853 -13
STREET ADDRESS	2429 FALLON BLVD., N.E.		3.3 STREET ADDRESS	-12/24/96-01076-013
CITY-ST-ZIP	PALM BAY FL		3.4 CITY-ST-ZIP	****236.25 ****236.25
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, OLIVIA		4.2 NAME	
STREET ADDRESS	99 100TH LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	FELLSMERE FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	FLOWERA, AHARON E		5.2 NAME	D. Flowers, Sharon E.
STREET ADDRESS	4875 35TH AVE		5.3 STREET ADDRESS	4875 35th Ave
CITY-ST-ZIP	VERO BEACH FL		5.4 CITY-ST-ZIP	Vero Beach, FL
TITLE	TD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WILCOX, CONNIE H		6.2 NAME	
STREET ADDRESS	1605 HOLDER RD		6.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL		6.4 CITY-ST-ZIP	

CR2E037 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Connie H. Wilcox Connie H. Wilcox 9/9/96 (407)269-8675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018344