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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50772** (5)
1. Corporation Name
**NEW TESTAMENT FAITH MINISTRIES INTERNATIONAL, IN
C.**

Principal Place of Business Mailing Address
**4000 E NEW HAVEN AVE POST OFFICE BOX 400005
MELBOURNE FL 32901 PALM BAY FL 32909-0005**

2. Principal Place of Business 21 2711 S. HARBOR CITY BLVD. Suite, Apt. #, etc. 22 City & State 23 MELBOURNE, FL Zip Country 24 32901 25 U.S.A.	2a. Mailing Address 26 P.O. Box 2393 Suite, Apt. #, etc. 27 City & State 28 MELBOURNE, FL Zip Country 29 32902-2393 30 U.S.A.
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3. Date Incorporated or Qualified 09/04/1992	4. FEI Number 65-0365131	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent JACKSON, ELIZABETH F 1025 TABAGO TERRACE VERO BEACH FL 32983	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD JACKSON, ELIZABETH F. 1025 TOBAGO TERR VERO BEACH FL	1.1 TITLE	TD CONNIE WILCOX. 2711 HARBOR CITY BLVD. MELBOURNE, FL 32901
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD JACKSON, THOMAS A. 1025 TOBAGO TERR. VERO BEACH FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD JAMES, VIVIANNE D. 2429 FALLON BLVD., N.E. PALM BAY FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D LEWIS, OLIVIA 99 100TH LANE FELLSMERE FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D WILLIAMS, MICHAEL 403B EAST NEW HAVEN AVE MELBOURNE FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TD LEE, RAYE 1025 TOBAGO TERR VERO BCH FL	6.1 TITLE	D
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: Vivianne D. James 4/27/98 (407) 724-2041

CR2E037 (10/97)