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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90120 041 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N50772					
1. Corporation Name NEW TESTAMENT FAITH MINISTRIES INTERNATIONAL, IN C.					
Principal Place of Business 2711 S HARBOR CITY BLVD MEBOURNE FL 32901 US			Mailing Address POB 2393 PALM BAY FL 32902 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/04/1992	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0365131	
22 City & State		27 City & State		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	
23 Zip Country		28 Zip Country			
24		25		29	
30					

9. Name and Address of Current Registered Agent JACKSON, ELIZABETH F 1025 TABAGO TERRACE VERO BEACH FL 32963				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	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKSON, THOMAS A.		2.2 NAME		
STREET ADDRESS	1025 TOBAGO TERR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		2.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAMES, VMENNE D.		3.2 NAME		
STREET ADDRESS	2429 FALLON BLVD., N.E.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		3.4 CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WILCOX, C		4.2 NAME		
STREET ADDRESS	2711 HARBOR CITY BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	FELLSMERE FL 32901		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, MICHAEL		5.2 NAME		
STREET ADDRESS	403B EAST NEW HAVEN AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEE, RAYE		6.2 NAME		
STREET ADDRESS	1025 TOBAGO TERR		6.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL		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, with all other like empowered.

SIGNATURE:  2-22-99 407-724-2041
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)