2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# N95000002577

Entity Name: NEW TESTAMENT COMMUNITY CHURCH, INC.

Current Principal Place of Business:

5 BARRY RD
HOLLYWOOD, FL 33023 US

New Principal Place of Business:

Current Mailing Address:

166 ROYAL PINE CIRCLE SOUTH
ROYAL PALM BEACH, FL 33411 US

New Mailing Address:

FEI Number: 65-0631347 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, DERYCK D PASTOR
166 ROYAL PINE CIRCLE SOUTH
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: WILSON, DERYCK D
Address: 166 ROYAL PINE CIRCLE SOUTH
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D ( ) Delete
Name: WILSON, BEVERLY
Address: 166 ROYAL PINE CIRCLE SOUTH
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D ( ) Delete
Name: WILSON, ASHA T
Address: 5 BARRY ROAD
City-St-Zip: HOLLYWOOD, FL 33023

Title: D ( ) Delete
Name: EVADNE, CHARLES
Address: 5 BARRY ROAD
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DERYCK WILSON PRES 04/22/2008

Electronic Signature of Signing Officer or Director — Date