2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State
03-29-2004 90055 021 ****61.25

DOCUMENT # N99000004962

1. Entity Name

CORAL SPRINGS NEW TESTAMENT CHURCH OF GOD, INCORPORATED

Principal Place of Business	Mailing Address
10250 W. SAMPLE ROAD CORAL SPRINGS FL 33065	10250 W. SAMPLE ROAD CORAL SPRINGS FL 33065

MOORE CR2E037 (11/03)

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 65-0971051 ☐ 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
WALTERS, JOEL E 5462 N.W. 109TH WAY CORAL SPRINGS FL 33076	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Rev JOEL E WALTERS - Pastor Joel E Walters DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WALTERS, JOEL E 5462 NW 109TH WAY CORAL SPRINGS FL 33071 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALTERS, ORAL 3860 N.W. 102 AVE. CORAL SPRINGS FL 33065 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUNNINGHAM, RUDOLPH 6100 NW 40 STREET CORAL SPRINGS FL 33067 ☑ Delete	TITLE O / NAME / STREET ADDRESS / CITY-ST-ZIP	GORDON, MARSHA 5606, NW 109 WAY CORAL SPRINGS, FL 33076 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OD SANILS, HOWARD 4634 NW 58 TERRACE POMPANO BEACH FL 33067 ☐ Delete	TITLE O / NAME / STREET ADDRESS / CITY-ST-ZIP	DANIELS, HOWARD 4634 NW 58 Terrace CORAL SPRINGS FL 33067 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TOD THOMPSON, BERNARD 2369 NW 89 DR #510 POMPANO BEACH FL 33065 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OD STAPLE, SHARON 7482 NW 1 STREET MARGATE FL 33063 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Joel E Walters 3/5/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #