2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2004 OCT -5 PM 3:12

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

09172004 Chg-NP CR2E037 (10/03)

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

WALTERS, JOEL E
5462 N.W. 109TH WAY
CORAL SPRINGS, FL 33076

7. Name and Address of New Registered Agent

Name ORAL ST.P. WALTERS
Street Address (P.O. Box Number is Not Acceptable)
3860 NW 102 AVE
City CORAL SPRINGS **FL** Zip Code 33065

8. 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 [signature], President 10/17/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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 300041637513 10/06/04--01024--008 **70.00
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	P ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O GORDON, MARSHA 5606 NW 109 HWY CORAL SPRINGS, FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O DANIELS, HOWARD 4634 NW 58 TERRACE CORAL SPRINGS, FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: [signature] 10/17/04 (561)354-1184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/5 pm