

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

1/2

01-27-2003 90555 017 ****61.25

DOCUMENT # N99000004962			
1. Entity Name CORAL SPRINGS NEW TESTAMENT CHURCH OF GOD, INCORPORATED			
Principal Place of Business 10250 W. SAMPLE ROAD CORAL SPRINGS FL 33065		Mailing Address 10250 W. SAMPLE ROAD CORAL SPRINGS FL 33065	
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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	DP WALTERS, JOEL E <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, JOEL E	NAME	
STREET ADDRESS	5462 NW 109TH WAY	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	CITY-ST-ZIP	
TITLE	AP WALTERS, ORAL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, ORAL	NAME	
STREET ADDRESS	3860 N.W. 102 AVE.	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	CITY-ST-ZIP	
TITLE	O CUNNINGHAM, RUDOLPH <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, RUDOLPH	NAME	
STREET ADDRESS	8100 NW 40 STREET	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	CITY-ST-ZIP	
TITLE	O DARBY, DOROTHY <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARBY, DOROTHY	NAME	HOWARD DANIELS D
STREET ADDRESS	8070 NW 11TH ST	STREET ADDRESS	4637 NW 58 TER
CITY-ST-ZIP	CORAL SPRINGS FL 33063	CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	TD GORDON, MARSHA <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON, MARSHA	NAME	BERNARD THOMPSON D
STREET ADDRESS	5606 NW 109 WAY	STREET ADDRESS	2369 N.W. 89 DR #510
CITY-ST-ZIP	CORAL SPRINGS FL 33067	CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	DD STAPLE, SHARON <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAPLE, SHARON	NAME	
STREET ADDRESS	7482 NW 1 STREET	STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	CITY-ST-ZIP	
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 information.			
SIGNATURE: 		Date: 1/20/03	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CR2E037 (10/02)