I hereby certify that the information indicated on this report or supplemental report is true and accul oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exec		
above, or on an attachment with all other like empowered.		
SIGNATURE JOSEPH P. DOYLE	EL DER	04/11/2023

SIGNATURE:	JOSEPH P.	DOYLE

Electronic Signature of Signing Officer/Director Detail

SIGNATURE	: JUSTIN D. RIEGSECKER					
	Electronic Signature of Registered Agent					
Officer/Director Detail :						
Title	ELDER	Title	TREASURER			
Name	DOYLE, JOSEPH PATRICK	Name	TAYLOR, JOHNNY C			
Address	825 SE CORINTH CHURCH RD	Address	410 SE HARPOON ST			
City-State-Zip:	LEE FL 32059	City-State-Zip:	MADISON FL 32340			
Title	SECRETARY	Title	PASTOR			
Name	TAYLOR, JOHN P	Name	RIEGSECKER, JUSTIN			
Address	120 SE HARPOON ST	Address	215 SE CALL DRIVE			
City-State-Zip:	MADISON FL 32340	City-State-Zip:	LEE FL 32059			
Title	ELDER					
Name	FULTZ, JOEL					

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City-State-Zip: LEE, FL 32059

Address

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LEE, FL 32059 US 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.

Current Principal Place of Business:

Current Mailing Address:

2558 U.S. 90 EAST MADISON, FL 32340

PO BOX 955 MADISON, FL 32341 US

FEI Number: 59-2479655

Name and Address of Current Registered Agent:

133 NE RUTHERFORD RD

RIEGSECKER, JUSTIN D 215 SE CALL DRIVE

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N06884

Entity Name: NEW TESTAMENT CHRISTIAN CENTER, INC.

FILED Apr 11, 2023 Secretary of State 3366261163CC

04/11/2023 Date

Certificate of Status Desired: Yes

Date

ELDER