

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06884

**Entity Name:** NEW TESTAMENT CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

2558 U.S. 90 EAST  
MADISON, FL 32340

**Current Mailing Address:**

PO BOX 955  
MADISON, FL 32341 US

**FEI Number: 59-2479655**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

RIEGSECKER, JUSTIN D  
215 SE CALL DRIVE  
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.*

**SIGNATURE: JUSTIN D. RIEGSECKER**

**04/29/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ELDER  
Name DOYLE, JOSEPH PATRICK  
Address 825 SE CORINTH CHURCH RD  
City-State-Zip: LEE FL 32059

Title TREASURER  
Name TAYLOR, JOHNNY C  
Address 410 SE HARPOON ST  
City-State-Zip: MADISON FL 32340

Title SECRETARY  
Name TAYLOR, JOHN P  
Address 120 SE HARPOON ST  
City-State-Zip: MADISON FL 32340

Title PASTOR  
Name RIEGSECKER, JUSTIN  
Address 215 SE CALL DRIVE  
City-State-Zip: LEE FL 32059

Title ELDER  
Name FULTZ, JOEL  
Address 133 NE RUTHERFORD RD  
City-State-Zip: LEE, FL 32059

*I hereby 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 all other like empowered.*

**SIGNATURE: JUSTIN RIEGSECKER**

**PASTOR**

**04/29/2021**

Electronic Signature of Signing Officer/Director Detail

Date