

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18854

**Entity Name:** THE NEW TESTAMENT CHURCH OF GOD U.S.A., INC.

**Current Principal Place of Business:**

NEW TESTAMENT CHURCH OF GOD U.S.A. INC.  
1111 FAIRFIELD DR  
MANGONIA PARK, FL 33407

**Current Mailing Address:**

NEW TESTAMENT CHURCH OF GOD U.S.A. INC.  
1111 FAIRFIELD DR  
MANGONIA PARK, FL 33407 US

**FEI Number:** 59-2770103

**Certificate of Status Desired:** Yes

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

MCKAY, LEROY V  
3855 TORRES CIRCLE  
WEST PALM BEACH, FL 33409 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WISDOM, CLAYTON H SR.  
Address        142 SUNFLOWER CIR  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title            VP  
Name            MCKAY, LEROY V  
Address        3855 TORRES CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33409

Title            CLERK  
Name            STEWART, WAYNE C  
Address        1726 17TH AVENUE NORTH  
City-State-Zip: LAKE WORTH FL 33460

Title            OTHER  
Name            FRANCE, ILMA  
Address        150 37TH STREET  
City-State-Zip: RIVIERA BEACH FL 33404

Title            DEACON  
Name            NICHOLS, DONALD O  
Address        4970 NW 44TH AVE  
City-State-Zip: COCONUT CREEK FL 33073

*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:** LEROY MCKAY

VP

01/26/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date