SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 28, 1999 8:00 am
Secretary of State
07-28-1999 90003 002 ****61.25

DOCUMENT # N95000003777

1. Corporation Name
NEW BIRTH BAPTIST CHURCH OF PENSACOLA, INC.

Principal Place of Business	Mailing Address
1610 NORTH "O" STREET PENSACOLA FL 32505	1610 NORTH "O" STREET PENSACOLA FL 32505

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	08/07/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2587249 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWN, CHARLES 3897 HOLLYWOOD AVE PENSACOLA FL 32505	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Charles Brown 7-17-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	FINDLEY, WALTER		1.2 NAME	Sandra Collins	
STREET ADDRESS	3209 WEST CROSS STREET		1.3 STREET ADDRESS	3210 W. Cross St.	
CITY-ST-ZIP	PENSACOLA FL 32505		1.4 CITY-ST-ZIP	Pensacola, Fla. 32505	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	BROWN, CHARLES		2.2 NAME	Joseph Grice	
STREET ADDRESS	3897 HOLLYWOOD AVENUE		2.3 STREET ADDRESS	1610 N. "O" Street	
CITY-ST-ZIP	PENSACOLA FL 32505		2.4 CITY-ST-ZIP	Pensacola, Fla. 32505	
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	BURKETTE, TIMOTHY		3.2 NAME	Dorothy Davison	
STREET ADDRESS	4600 TWIN OAKS DRIVE		3.3 STREET ADDRESS	3510 N. Grandview Ave.	
CITY-ST-ZIP	PENSACOLA FL 32506		3.4 CITY-ST-ZIP	Pensacola, Fla. 32505	
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	JACKSON, CLIFFORD		4.2 NAME	James Davison	
STREET ADDRESS	22 ARCHER AVENUE		4.3 STREET ADDRESS	3510 N. Grandview Ave.	
CITY-ST-ZIP	PENSACOLA FL 32505		4.4 CITY-ST-ZIP	Pensacola, Fla. 32505	
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	STANLEY, BERTHA		5.2 NAME	John McCants	
STREET ADDRESS	72 MORRIS COURT		5.3 STREET ADDRESS	1610 N. "O" Street	
CITY-ST-ZIP	PENSACOLA FL 32505		5.4 CITY-ST-ZIP	Pensacola, Fla. 32505	
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ULMER, WILLIAM		6.2 NAME		
STREET ADDRESS	1610 NORTH "O" STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32505		6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles Brown RECHARLES Brown 7-17-99 (850) 4334438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)