2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006957

1. Entity Name
NEW BIRTH DELIVERANCE MINISTRY, INC.

2. Principal Place of Business
2411 U.S. 98 N.
LAKELAND FL 33801

3. Mailing Address
415 MONTGOMERY AVE.
LAKELAND FL 33801

4. FEI Number
00-1234567

5. Certificate of Status Desired
$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JONES, LILLIE
415 MONTGOMERY AVE.
LAKELAND FL 33801

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.

SIGNATURE
[Signature]

FILE NOW:
FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution
$5.00 May Be Added to Fees

Make Check Payable to Department of State

OFFICERS AND DIRECTORS

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
<th>STREET ADDRESS</th>
<th>CITY ST-ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>JONES, LILLIE</td>
<td>919 COMBEE RD.</td>
<td>LAKELAND FL 33801</td>
</tr>
<tr>
<td>D</td>
<td>JONES, DAVID</td>
<td>919 COMBEE RD.</td>
<td>LAKELAND FL 33801</td>
</tr>
<tr>
<td>D</td>
<td>AUSTIN, SOPHIA</td>
<td>919 COMBEE RD.</td>
<td>LAKELAND FL 33801</td>
</tr>
</tbody>
</table>

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

11.

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
<th>STREET ADDRESS</th>
<th>CITY ST-ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>JONES, LILLIE</td>
<td>415 MONTGOMERY AVE.</td>
<td>LAKELAND FL 33801</td>
</tr>
<tr>
<td>D</td>
<td>AUSTIN, SOPHIA</td>
<td>415 MONTGOMERY AVE.</td>
<td>LAKELAND FL 33801</td>
</tr>
</tbody>
</table>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 it 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, was all other like empowered.

SIGNATURE: LILLIE JONES
[Signature]

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90150 031 **61.25