

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90150 031 ****61.25

DOCUMENT # N99000006957

1. Entity Name

NEW BIRTH DELIVERANCE MINISTRY, INC.

Principal Place of Business

Mailing Address

**919 COMBEE RD.
 LAKELAND FL 33801**

**415 MONTGOMERY AVE.
 LAKELAND FL 33801**

2. Principal Place of Business

2411 U.S. 98 N.
 Suite, Apt. #, etc.

3. Mailing Address

415 Montgomery Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lakeland FL

City & State

Lakeland FL

4. FEI Number

Applied For
 Not Applicable

Zip
33805

Country
U.S.

Zip
33801

Country
U.S.

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**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, LILLIE	
STREET ADDRESS	919 COMBEE RD.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, DAVID	
STREET ADDRESS	919 COMBEE RD.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	AUSTIN, SOPHIA	
STREET ADDRESS	919 COMBEE RD.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILLIE JONES	
STREET ADDRESS	415 Montgomery Ave	
CITY-ST-ZIP	Lakeland FL 33801	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID JONES	
STREET ADDRESS	415 Montgomery Ave	
CITY-ST-ZIP	Lakeland FL 33801	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOPHIA AUSTIN	
STREET ADDRESS	415 Montgomery Ave	
CITY-ST-ZIP	Lakeland FL 33801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Lillie Jones** Date: **4-11-00** Daytime Phone #: **863-682-7051**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)