

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000006957	
1. Entity Name NEW BIRTH DELIVERANCE MINISTRY, INC.	

Principal Place of Business 412 N. MASSACHUSETTS LAKELAND, FL 33801 US	Mailing Address 415 MONTGOMERY AVE LAKELAND, FL 33801 US
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07192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3499678	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

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

U000000168460
07726704-20014-016 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, LILLIE M 415 MONTGOMERY AVE LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JONES, DAVID 415 MONTGOMERY AVE LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD AUSTIN, SOPHIA 415 MONTGOMERY AVE LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, DORSELL M 415 MONTGOMERY AVE LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LASTER, SYLVIA 415 MONTGOMERY AVE LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 Laster Jones 7-21-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #