2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005
Secretary of State

DOCUMENT# N99000006957

Entity Name: NEW BIRTH DELIVERANCE MINISTRY, INC.

Current Principal Place of Business:

412 N. MASSACHUSETTS
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

415 MONTGOMERY AVE
LAKELAND, FL 33801 US

New Mailing Address:

FEI Number: 59-3499678 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LASTER-JONES, LILLIE
415 MONTGOMERY AVE.
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JONES, LILLIE M
Address: 415 MONTGOMERY AVE
City-St-Zip: LAKELAND, FL 33801

Title: VPD ( ) Delete
Name: JONES, DAVID
Address: 415 MONTGOMERY AVE
City-St-Zip: LAKELAND, FL 33801

Title: CD ( ) Delete
Name: AUSTIN, SOPHIA
Address: 415 MONTGOMERY AVE
City-St-Zip: LAKELAND, FL 33801

Title: T ( ) Delete
Name: JONES, DORSELL M
Address: 415 MONTGOMERY AVE
City-St-Zip: LAKELAND, FL 33801

Title: S ( ) Delete
Name: LASTER, SYLVIA
Address: 415 MONTGOMERY AVE
City-St-Zip: LAKELAND, FL 33801

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T ( ) Change (X) Addition
Name: JONES, DAKEEM M
Address: 415 MONTGOMERY AVE
City-St-Zip: LAKELAND, FL 33801 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LILLIE MAE LASTER JONES PD 07/28/2005

Electronic Signature of Signing Officer or Director — Date