

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011367

FILED
Sep 08, 2009
Secretary of State

Entity Name: NEW BIRTH HEALING MINISTRIES PHASE II, INC

Current Principal Place of Business:

5500 DEBBIE DRIVE
TALLAHASSEE, FL 32310

New Principal Place of Business:

8427 SAND RIDGE CT
TALLAHASSEE, FL 32305

Current Mailing Address:

P.O. BOX 21071
TALLAHASSEE, FL 32310

New Mailing Address:

P.O. BOX 1461
WOODVILLE, FL 32362

FEI Number: 20-4441512 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

BRINSON, FRANK R APOSTLE
5500 DEBBIE DR
TALLAHASSEE, FL 32310 US

Name and Address of New Registered Agent:

BRINSON, FRANK R APOSTLE
8427 SAND RIDGE CT
TALLAHASSEE, FL 32305 US

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: DR. MARY L. BRINSON

09/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRINSON, FRANK R APOSTLE
Address: 5500 DEBBIE DR
City-St-Zip: TALLAHASSEE, FL 32310 US

Title: VP () Delete
Name: BRINSON, MARY L PASTOR
Address: 5500 DEBBIE DR
City-St-Zip: TALLAHASSEE, FL 32310 US

Title: S (X) Delete
Name: JACKSON, BRITTANY N EVANGEL
Address: 2502-B HOLTON ST. APT F133
City-St-Zip: TALLAHASSEE, FL 32310 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BRINSON, FRANK R APOSTLE
Address: 8427 SAND RIDGE CT
City-St-Zip: TALLAHASSEE, FL 32305 US

Title: VP (X) Change () Addition
Name: BRINSON, MARY L PASTOR
Address: 8427 SAND RIDGE CT
City-St-Zip: TALLAHASSEE, FL 32305 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DR. MARY BRINSON

VP

09/08/2009

Electronic Signature of Signing Officer or Director

Date