

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006957

Entity Name: NEW BIRTH DELIVERANCE MINISTRY, INC.**Current Principal Place of Business:**412 N. MASSACHUSETTS
LAKELAND, FL 33801**Current Mailing Address:**415 MONTGOMERY AVE
LAKELAND, FL 33801 US**FEI Number:** 59-3499678**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LASTER, LILLIE M
415 MONTGOMERY AVE.
LAKELAND, FL 33801 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT, CEO
Name	LASTER, LILLIE M
Address	415 MONTGOMERY AVE
City-State-Zip:	LAKELAND FL 33801

Title	VP, SECRETARY
Name	SOPHIA, AUSTIN
Address	415 MONTGOMERY AVE
City-State-Zip:	LAKELAND FL 33801

Title	CHAIRMAN
Name	JONES, DAVID
Address	415 MONTGOMERY AVE
City-State-Zip:	LAKELAND FL 33801

Title	DIRECTOR
Name	JONES, DORSELL
Address	415 MONTGOMERY AVE
City-State-Zip:	LAKELAND FL 33801

Title	VC
Name	JONES, KADEEM
Address	415 MONTGOMERY AVE
City-State-Zip:	LAKELAND FL 33801

Title	OFFICER
Name	JONES, DAKEEM
Address	415 MONTGOMERY AVE
City-State-Zip:	LAKELAND FL 33801

I hereby 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 all other like empowered.

SIGNATURE: LILLIE LASTER**PRESIDENT****04/28/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date