

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 742249

1. Entity Name
NEWBORN HOLINESS CHURCH INC.



Principal Place of Business
**400 N.W. 5TH. STREET
POMPAÑO BEACH, FL 33060**

Mailing Address
**400 N.W. 5TH. STREET
POMPAÑO BEACH, FL 33060**



01082008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLOOMBERG, ROBERT L.
900 N.E. 172 STREET
MIAMI, FL**

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | PD |
| NAME | DANIELS, G.E.(BISHOP) |
| STREET ADDRESS | 2340 N.W. 12TH. CT. |
| CITY-ST-ZIP | POMPAÑO BEACH, FL |
| TITLE | SD |
| NAME | KENDRICK, BERTHA |
| STREET ADDRESS | 2201 N.W. 10TH. CT. |
| CITY-ST-ZIP | POMPAÑO BEACH, FL |
| TITLE | TD |
| NAME | DANIELS, BESSIE |
| STREET ADDRESS | 2511 N.W. 3RD. ST. |
| CITY-ST-ZIP | POMPAÑO BEACH, FL |
| TITLE | V |
| NAME | BROOKS, TERATHA D. |
| STREET ADDRESS | 181 S.W. 73RD TERR. |
| CITY-ST-ZIP | MARGATE, FL |
| TITLE | D |
| NAME | WESTLEY, HAROLD (ELDER) |
| STREET ADDRESS | 1061 SW 8 AVENUE |
| CITY-ST-ZIP | DEERFIELD BCH., FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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01/16/08-80069-004 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #