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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746885

1. Corporation Name

**THE NEW BORN HOUSE OF THE LORD JESUS DELIVERANCE
TEMPLE, INC.**

Principal Place of Business

1873 E 24TH STREET
JACKSONVILLE FL 32206
US

Mailing Address

1873 E 24TH STREET
JACKSONVILLE FL 32206
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/24/1979

4. FEI Number

59-3188510

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**CASH, CAROLYN
8737 6TH AVE
JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☐ DELETE

NAME CASH, CAROLYN
STREET ADDRESS 8737 6TH AVE
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE D ☐ DELETE

NAME MCKNIGHT, NAPOLEON
STREET ADDRESS 5461 WOODWIND TERRACE
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE PD ☐ DELETE

NAME GIVENS, RICHARD
STREET ADDRESS 4395 N PEARL APT 2
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE SD ☐ DELETE

NAME BAILEY, LAVENIA D
STREET ADDRESS 7 WEST 18TH STREET
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE TD ☐ DELETE

NAME PORTER, JOHN
STREET ADDRESS 13004 KOLMON COURT
CITY-ST-ZIP DALE CITY VA 22193

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Carolyn Cash* SIGNATURE REQUIRED

4/30/99

Date

Daytime Phone #

CR2E037 (11/98)