

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90012 003 ****62.00

DOCUMENT # 746885

1. Entity 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

04004100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3188510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WILLIAMS, DELORES G
2954 TALLPINE LANE W.
#6
JACKSONVILLE FL 32277

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME KELLY, NORMA
STREET ADDRESS 2114 FLAG STREET
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE MD ☐ Delete
NAME WILLIAMS, DELORES G
STREET ADDRESS 2954 TALLPINE LANE W., #6
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE PD ☐ Delete
NAME GIVENS, RICHARD
STREET ADDRESS 7134 KEN KNIGHT DR. W.
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE TD ☐ Delete
NAME TYSON, LILLIE M
STREET ADDRESS 8737 6TH AVE
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE VP ☐ Delete
NAME PORGER, JOHN
STREET ADDRESS 13004 KOLMON COURT
CITY-ST-ZIP DALE CITY VA 22193

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 #

Debra G. Williams April 28, 04 904-762-9890