2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# 746885

Entity Name: THE NEW BORN HOUSE OF THE LORD JESUS DELIVERANCE TEMPLE, INC.

Current Principal Place of Business:

1873 E 24TH STREET
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

1873 E 24TH STREET
JACKSONVILLE, FL 32206 US

New Mailing Address:

FEI Number: 59-3188510 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAMS, DELORES G
2934 TALL PINE LA
#5
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: KELLY, NORMA
Address: 2114 FLAG STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: MD ( ) Delete
Name: WILLIAMS, DELORES C
Address: 2934 TALLPINE LA #5
City-St-Zip: JACKSONVILLE, FL 32277

Title: TD ( ) Delete
Name: TYSON, LILLIE M
Address: 8737 6TH AVE
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DELORES G. WILLIAMS MD 04/10/2009

Electronic Signature of Signing Officer or Director — Date