2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2010
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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

WILLIAMS, DELORES G
2678 SAINT JOHNS BLUFF RD
205
JACKSONVILLE, FL 32246 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: _____ 05/01/2010
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD
Name: KELLY, NORMA
Address: 1667 UNIVERSITY
City-St-Zip: JACKSONVILLE, FL 32209

Title: MD
Name: WILLIAMS, DELORES G
Address: 2678 SAINT JOHN BLUFF RD S
City-St-Zip: JACKSONVILLE, FL 32246

Title: TD
Name: TYSON, LILLIE M
Address: 7800 POINT METAL CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: PD
Name: SAWYER, TRACEY S
Address: 14209 WAVERLY FALLS LANE E
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP
Name: GIVENS, RICHARD
Address: 1667 UNIVERSITY
City-St-Zip: JACKSONVILLE, FL 32209

Title: TH
Name: LOCKWOOD, LISA
Address: 1667 UNIVERSITY BLVD
City-St-Zip: JACKSONVILLE, FL 32209

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: DELORES G. WILLIAMS MD 05/01/2010
Electronic Signature of Signing Officer or Director — Date