NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2004 8:00 am
Secretary of State
08-03-2004 90006 016 ****61.25

DOCUMENT # 760976

1. Entity Name

New Born Church of God and True Holiness, Inc.

DO NOT WRITE IN THIS SPACE

66431968

DO NOT WRITE IN THIS SPACE

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 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: John W. Walker

Street Address (P.O. Box Number is Not Acceptable): 3295-1 NW 44th Street

City: Ft Lauderdale FL Zip Code: 33309

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: John W. Walker — 8-12-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	PD
NAME	Walker, John W
STREET ADDRESS	3295- 1 NW 44th Street
CITY-ST-ZIP	Ft. Lauderdale Fl 33309
TITLE	TD
NAME	Denmark, James (ASST)
STREET ADDRESS	4420 SW 55th Ave
CITY-ST-ZIP	Davie Fl
TITLE	SD
NAME	Walker, Martha A.
STREET ADDRESS	3295-1NW 44th Street
CITY-ST-ZIP	Ft.Lauderdale Fl 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: John W. ~~Walker~~ Walker — 7-11-04 — (954)677-7606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #