

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766381

FILED
Jan 16, 2004
Secretary of State**Entity Name:** NEW BIRTH GOSPEL TABERNACLE INC.**Current Principal Place of Business:**225 NORTH SEMINOLE AVENUE
INVERNESS, FL 34450 US**New Principal Place of Business:****Current Mailing Address:**225 NORTH SEMINOLE AVENUE
INVERNESS, FL 34450 US**New Mailing Address:****FEI Number:** 59-3001268**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**LANGLEY, JOHN
225 NORTH SEMINOLE AVENUE
INVERNESS, FL 34450 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:** P () Delete
Name: CHESTER, LARRY,
Address: 3455 E. JONAH PLACE
City-St-Zip: INVERNESS, FL**Title:** V () Delete
Name: CHESTER, TONI V.
Address: 3455 E. JONAH PL.
City-St-Zip: INVERNESS, FL**Title:** ST () Delete
Name: CHESTER, LATASHA
Address: 1201 FOX QUARRY LANE
City-St-Zip: SANFORD, FL 32772**Title:** D () Delete
Name: CHESTER, LONNIE,
Address: 3101 E DEAL ST
City-St-Zip: INVERNESS, FL**Title:** D () Delete
Name: JOHNSON, JOE,
Address: 828 TWIGG ST
City-St-Zip: ROOKSVILLE, FL**Title:** D () Delete
Name: INMAN, RICK
Address: 5240 E. PARSONS PT.
City-St-Zip: HERNANDO, FL 34447**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: CHESTER, LARRY,
Address: 12344 SHADOWBROOK LN
City-St-Zip: ORLANDO, FL 32828**Title:** V (X) Change () Addition
Name: CHESTER, TONI V.
Address: 12344 SHADOWBROOK LN
City-St-Zip: ORLANDO, FL 32828**Title:** ST (X) Change () Addition
Name: CHESTER, LATASHA
Address: 849 STARLIGHT COVE RD APT. 101
City-St-Zip: ORLANDO, FL 32828**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 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 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: TONI CHESTER

V/P

01/16/2004

Electronic Signature of Signing Officer or Director_____
Date