2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N00000000237

1. Entity Name



FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90068 029 ****70.00

NEW BIR	TH MISSIONARY BAPTIST C							
Principal Place of Business 6412 QUEENSBOROUGH AVENUE 216 ORLANDO FL 32835		Mailing Address P.O. BOX 59248† ORLANDO FL 32859						
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59	3612023		pplied For ot Applicable
Zip	Country Zip '\		Cour	5. Certificate of Status		92.75 Additional		
	6. Name and Address of Curren	t Registered Agent			7. Name and Addre	ss of New Registered A	gent	
				Name				
Joseph, Phil Bishop 6412 Queensborough avenue			ļ	Street Address (F	ress (P.O. Box Number is Not Acceptable)			
216			the state of the s					
ORLANDO FL 32835				City		FL	Zip Code	e
	named entity submits this statement factors of registered agent.	or the purpose of changing its	registered	d office or registere	ed agent, or both, in the	e State of Florida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable. (NOTI	E: Registered	Agent signature required	when reinstating)	DATE		
1.	<u> </u>				· · · · · · · · · · · · · · · · · · ·			
FILE NOW: FEE IS \$61.25 9. Election Campaign F Trust Fund Contributi				· -	\$5.00 May Be Added to Fees	Make Check Florida Depart		
10.	OFFICERS AND D	IRECTORS .	11.	Α	DDITIONS/CHANGES	TO OFFICERS AND DIR	ECTORS IN	10
TITLE	PD	☐ Delete	TITLE		•		Change	☐ Addition
NAME	JOSEPH, PHIL		NAME					
STREET ADDRESS CITY-ST-ZIP	6412 QUEENSBOROUGH AVEN ORLANDO FL 32835	UE	STREET CITY-S	T ADDRESS ST-ZIP	,			
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NAME STREET ADDRESS	JOHNSON, LEROY 103 SAN BLAS AVE		NAME STREET	T ADDRESS				ĺ
CITY-ST-ZIP	KISSIMMEE FL 34743		CITY-S	I	•			
TITLE	TD	☐ Delete	TITLE				☐ Change	Addition
NAME	MOORE, CHESTER						÷	
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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 frue 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 of fustee 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.

-2-6-03 4073139136