

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002673

FILED
Mar 23, 2009
Secretary of State

Entity Name: NEWBIRTH SOUL SEEKERS MINISTRY, INC.

Current Principal Place of Business:

2600 HAMMONDVILLE ROAD
#14
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2600 HAMMONDVILLE ROAD
#14
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 65-1002272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAWLS, FRANKIE M CEO
2625 NW 3RD STREET
POMPANO BEACH, FL 33069 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: PD () Delete
Name: RAWLS, FRANKIE M CEO
Address: 2600 HAMMONDVILLE ROAD SUITE-14
City-St-Zip: POMPANO BEACH, FL 33069

Title: VD () Delete
Name: OGARRO, VERA L CFO
Address: 2600 HAMMONDVILLE ROAD SUITE-14
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: HOLSTON, CHRISSTIE ASS SEC
Address: 2600 HAMMONDVILLE ROAD SUITE-14
City-St-Zip: POMPANO BEACH, FL 33069

Title: ST () Delete
Name: GEORGE, RICH A SEC
Address: 2600 HAMMONDVILLE ROAD SUITE-14
City-St-Zip: POMPANO BEACH, FL 33069

Title: STD () Delete
Name: RAWLS, LAWRENCE ASS VP
Address: 2600 HAMMONDVILLE ROAD SUITE-14
City-St-Zip: POMPANO BEACH, FL 33069

Title: STD () Delete
Name: MCKENZIE, HARVEY ASS TR
Address: 2600 HAMMONDVILLE ROAD SUITE-14
City-St-Zip: POMPANO BEACH, FL 33069

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:

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: FRANKIE RAWLS

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date