

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005336

FILED
Jan 06, 2008
Secretary of State

Entity Name: NEW BORN CHURCH OF CHRIST INC.

Current Principal Place of Business:

13680 NW 19 AVE
OPA LOCKA BLVD, FL 33054 US

New Principal Place of Business:

Current Mailing Address:

745 NE 143RD STREET
2912
NORTH MIAMI, FL 33161 US

New Mailing Address:

745 NE 143RD STREET
NORTH MIAMI, FL 33161 US

FEI Number: 65-1036413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEURANVIL, ABNER
745 NE 143 ST
N MIAMI, FL 33161 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: FLEURANVIL, ABNER
Address: 745 NE 143 ST
City-St-Zip: N MIAMI, FL 33161

Title: VD () Delete
Name: FLEURANVIL, SIMONE
Address: 745 NE 143 ST
City-St-Zip: N MIAMI, FL 33161

Title: MR () Delete
Name: JOSEPH, GOLFREY SECRETA
Address: 4850 NW 5TH AVE
City-St-Zip: MIAMI, FL 33127

Title: MR () Delete
Name: VINCENT, DANIEL ASST. M
Address: 469 NE 162 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

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:

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: ABNER FLEURANVIL

PD

01/06/2008

Electronic Signature of Signing Officer or Director

Date