

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006635

1. Entity Name

NEW BIRTH ASSEMBLY OF GOD INC

Principal Place of Business

1461 NW 22ND CT APT 2
FT LAUDERDALE FL 33311

Mailing Address

1461 NW 22ND CT APT 2
FT LAUDERDALE FL 33311

2. Principal Place of Business

1609 NW 15th AVE.

3. Mailing Address

1609 NW 15th AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL.

City & State

FT. LAUDERDALE FL

Zip 33311

Country U.S.A

Zip 33311

Country U.S.A

4. FEI Number

65-1055228

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, MALCOLM
1461 NW 22ND CT APT 2
FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name MARTIN, MALCOLM

Street Address (P.O. Box Number is Not Acceptable)
1609 NW 15th AVE

City FT. LAUDERDALE

FL

Zip Code 33311

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.

SIGNATURE

Rev Malcolm Martin

4-28-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, MALCOLM	
STREET ADDRESS	1461 NW 22ND CT APT 2	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, VERONICA	
STREET ADDRESS	1461 NW 22ND CT APT 2	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALONEY, FRANKLYN F SR	
STREET ADDRESS	28 ANN LEE LN	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, MALCOLM	
STREET ADDRESS	1609 NW 15th AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, VERONICA	
STREET ADDRESS	1609 NW 15th AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rev Malcolm Martin

4-28-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90034 012 ****70.00

975039



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)