


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90134 001 ****61.25
02-11-2005 90134 002 *****8.75

DOCUMENT # N00000007093					
1. Entity Name NEW BIRTH MINISTRY INC.					
Principal Place of Business 795 NW 27TH AVE FORT LAUDERDALE FL 33311 US			Mailing Address 285 NW 7TH CT. DEERFIELD BEACH FL 33441 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 65-1057595				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JACKSON, WILLIAM K 285 NW 7TH CT DEERFIELD BEACH FL 33441			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>William K. Jackson</i>		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating) <i>WILLIAM K JACKSON</i>	
				DATE <i>2-5-05</i>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPD JACKSON, WILLIAM K 285 NW 7TH CT DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bishop Jackson, William K 285 NW 7th CT Deerfield FL 33441	
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED JACKSON, VADIEMAE 285 NW 7TH CT DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD BAIN, STAFFORD 285 NW 7TH CT DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEVE-PROFIT, SANDRA 517 NW 7TH AVE FORT LAUDERDALE FL 33311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 Secretary Walker Theresa Walker 110 NW 7th Apt. 3 Pompano, FL 33060	
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVAN ROBINSON, DELORES H 510 NE 38TH ST POMPANO BEACH FL 33064	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>William K. Jackson</i>		Signature, typed or printed name of signing officer or director		(954) 578-8747 Date Daytime Phone #	