

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # N00000007093

1. Entity Name

NEW BIRTH MINISTRY INC.



02-12-2007 90278 001 \*\*\*\*61.25  
02-12-2007 90278 002 \*\*\*\*\*8.75

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 - No P.O. Box #

2713 NW 12TH CT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State

Ft Lauderdale FL

City & State

City & State

4. FEI Number

65-1057595

Applied For

Not Applicable

Zip

33311

Country

Broward

Zip

Zip

Country

Country

5. Certificate of Status Desired ☐

\$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

FL

Zip Code

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

William Jackson Bishop

William Jackson

1-29-07

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

(NOTE: Registered Agent Signature required when registering)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	B	<input type="checkbox"/> Delete
NAME	JACKSON, WILLIAM K	
STREET ADDRESS	285 NW 7TH CT	
CITY-STATE-ZIP	DEERFIELD BEACH FL 33441	
TITLE	ED	<input type="checkbox"/> Delete
NAME	JACKSON, VADIEMAE	
STREET ADDRESS	285 NW 7TH CT	
CITY-STATE-ZIP	DEERFIELD BEACH FL 33441	
TITLE	DD	<input type="checkbox"/> Delete
NAME	BAIN, STAFFORD	
STREET ADDRESS	285 NW 7TH CT	
CITY-STATE-ZIP	DEERFIELD BEACH FL 33441	
TITLE	S	<input type="checkbox"/> Delete
NAME	TICE, THERESA	
STREET ADDRESS	2511 NORTHWEST 11 STREET	
CITY-STATE-ZIP	POMPANO BEACH FL 33069	
TITLE	EVAN	<input type="checkbox"/> Delete
NAME	ROBINSON, DELORES H	
STREET ADDRESS	510 NE 38TH ST	
CITY-STATE-ZIP	POMPANO BEACH FL 33064	
TITLE	AP	<input checked="" type="checkbox"/> Delete
NAME	BERTH, ROBERSON	
STREET ADDRESS	1322 NORTHWEST 7TH	
CITY-STATE-ZIP	FORT LAUDERDALE FL 33311	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PASTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOLA M WILSON	
STREET ADDRESS	357 NW 1st CT	
CITY-STATE-ZIP	Ft Lauderdale, FL 33311	
TITLE	DEACON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL TICE	
STREET ADDRESS	1350 N Dixie Hwy APT #35	
CITY-STATE-ZIP	BOCA RATON, FL 33432	
TITLE	MISSIO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cynthia Amedee	
STREET ADDRESS	2015 NW 28th ST	
CITY-STATE-ZIP	Ft Lauderdale, FL 33311	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THERESA TICE	
STREET ADDRESS	1350 N Dixie Hwy APT #35	
CITY-STATE-ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Bishop William Jackson

1-29-07 (954) 570-8747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #