2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000008463

1. Entity Name
NEW BIRTH FELLOWSHIP INC.

FILED
04 OCT -1 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1045 US HWY 90 EAST DEFUNIAK SPRINGS, FL 32433	PO BOX 73 DEFUNIAK SPRINGS, FL 32433-0073

09/08/04 90123 007 $70.00
06112004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
75-2994105
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent -

BEACH, HENRY PASTOR
111 W CHAFFIN AVE
DEFUNIAK SPRINGS, FL 32433

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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 Henry T Beach Henry T Beach 8-26-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BEACH, HENRY PASTOR
STREET ADDRESS	111 W CHAFFIN AVE
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	~~D~~
NAME	~~WILLIAMS, VERNON~~ V.P.
STREET ADDRESS	~~648 DORSEY AVE~~
CITY-ST-ZIP	~~DEFUNIAK SPRINGS, FL 32433~~
TITLE	S
NAME	CAMPBELL, RENEE Church Secretary & Bd. of Trustee
STREET ADDRESS	1237 N. 20TH STREET
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	DS
NAME	HOWARD, CINDY Bd. of Trustee
STREET ADDRESS	240 QUEBEC AVE
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	D
NAME	Rose Caldwell Bd. of Trustee
STREET ADDRESS	32 Josephine St
CITY-ST-ZIP	Defuniak Springs FL 32433
TITLE	Barbara Murphy Bd. of Trustee
NAME	
STREET ADDRESS	P.O. Box 1171
CITY-ST-ZIP	DeFuniak Spgs, FL 32433

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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: Henry T Beach 8-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #