

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008463

FILED
Apr 15, 2009
Secretary of State

Entity Name: NEW BIRTH FELLOWSHIP INC.

Current Principal Place of Business:

1045 US HWY 90 EAST
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

PO BOX 73
DEFUNIAK SPRINGS, FL 324330073

New Mailing Address:

FEI Number: 75-2994105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEACH, HENRY
111 W CHAFFIN AVE
DEFUNIAK SPRINGS, FL 32433 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: D () Delete
Name: BEACH, HENRY PASTOR
Address: 111 W CHAFFIN AVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: CAMPBELL, RENEE
Address: 1237 N. 20TH ST.
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: HOWARD, CINDY
Address: 240 QUEBEC AVE.
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: J () Delete
Name: CALDWELL, ROSE
Address: P.O. BOX 1713
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D () Delete
Name: MCKINLY, LEISHA
Address: 2062 B RICKARDS RD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: CAMPBELL, TONY B
Address: 1745 JUNIPER STREET
City-St-Zip: FLORALA, AL 36442

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: HENRY BEACH

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date