

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000008568

1. Entity Name
**NEW VISION, NEW BIRTH INTERNATIONAL MINISTRIES,
INC.**



Principal Place of Business
**9415 N NEBRASKA AVE
TAMPA, FL 33612**

Mailing Address
**9415 N NEBRASKA AVE
TAMPA, FL 33612**



02062006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3758585

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**YOUNG, STANFORD JR.
7201 LAKES DIVIDE ROAD
TAMPA, FL 33637**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME YOUNG, STANFORD JR.
STREET ADDRESS 7201 LAKES DIVIDE ROAD
CITY-ST-ZIP TAMPA, FL 33637

TITLE VD
NAME YOUNG, AGNES L
STREET ADDRESS 7201 LAKES DIVIDE ROAD
CITY-ST-ZIP TAMPA, FL 33637

TITLE D
NAME MAJOR, SHERRY
STREET ADDRESS 10407 PARAGON PLACE
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE D
NAME LETTMAN, MARVA
STREET ADDRESS 10407 PARAGON PLACE
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE SD
NAME JACKSON, DONNA
STREET ADDRESS 1203 E ANNIE ST UNIT A
CITY-ST-ZIP TAMPA, FL 33612

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000425757
02/20/06-80015-002 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/06 (813) 505-8813

Date

Daytime Phone #