

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90079 021 ****70.00

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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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262007 Chg-NP CR2E037 (12/06)

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**

7. Name and Address of New Registered Agent

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

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, 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	PD	<input type="checkbox"/> Delete
NAME	YOUNG, STANFORD JR.	
STREET ADDRESS	7201 LAKES DIVIDE ROAD	
CITY-ST-ZIP	TAMPA, FL 33637	
TITLE	VD	<input type="checkbox"/> Delete
NAME	YOUNG, AGNES L	
STREET ADDRESS	7201 LAKES DIVIDE ROAD	
CITY-ST-ZIP	TAMPA, FL 33637	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAJOR, SHERRY	
STREET ADDRESS	10407 PARAGON PLACE	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LETTMAN, MARVA	
STREET ADDRESS	10407 PARAGON PLACE	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JACKSON, DONNA	
STREET ADDRESS	1203 E ANNIE ST UNIT A	
CITY-ST-ZIP	TAMPA, FL 33612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cordell Allen	
STREET ADDRESS	257 N. Sloan Avenue	
CITY-ST-ZIP	Lakeland, FL 33815	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Veronica Pottinger	
STREET ADDRESS	808 W. Country Club Drive	
CITY-ST-ZIP	Tampa, FL 33612	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Stanford Young Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07 (813)930-2305
Date Daytime Phone #