


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N02000001025</b> 1. Entity Name <b>NEW BIRTH CHRISTIAN ASSEMBLY, INC.</b>	
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Principal Place of Business <b>2870 UNIVERSITY BLVD. WEST 203 JACKSONVILLE, FL 32217</b>	Mailing Address <b>2870 UNIVERSITY BLVD. WEST 203 JACKSONVILLE, FL 32217</b>
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02122007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>03-0392941</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>DAVIS, HENRY E 12311 FLYNNWOODS ROAD JACKSONVILLE, FL 32223</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTR DAVIS, HENRY E 12311 FLYNNWOODS ROAD JACKSONVILLE, FL 32223</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GREEN, IRIS 8205 SUTTON PLACE NORTH JACKSONVILLE, FL 32217</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR COOPER, BARRY 9921 MERLIN DRIVE EAST JACKSONVILLE, FL 32257</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR GAINES, HENRY 3266 SHETLAND ROAD WEST JACKSONVILLE, FL 32277</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TTR KENNEDY, NANCY 3534 SMITHFIELD STREET #903 JACKSONVILLE, FL 32217</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000649396  
03/07/07-80074-004 61.25

**DO NOT WRITE  
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: Henry E. Davis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-07

Date

1-904-630-2286

Daytime Phone #