

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N02000001025**

1. Entity Name

NEW BIRTH CHRISTIAN ASSEMBLY, INC.



Principal Place of Business

2870 UNIVERSITY BLVD. WEST  
203  
JACKSONVILLE, FL 32217

Mailing Address

2870 UNIVERSITY BLVD. WEST  
203  
JACKSONVILLE, FL 32217



02292008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

03-0392941

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, HENRY E  
12311 FLYNWOODS ROAD  
JACKSONVILLE, FL 32223

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000863434  
04/03/08-80091-021 61.25

## 10. OFFICERS AND DIRECTORS

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

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY E. DAVIS

3-17-08

1-904-630-2286

Date

Daytime Phone #