


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000005125</b> 1. Entity Name NEW BIRTH INTERNATIONAL FELLOWSHIP, INC.	
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Principal Place of Business 1109 E. OSBORNE AVENUE TAMPA, FL 33603	Mailing Address 1109 E. OSBORNE AVENUE TAMPA, FL 33603
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**DO NOT WRITE IN THIS SPACE**



02232004 No Chg-NP CR2E037 (10/03)

4. FEI Number 14-1866193	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

KIRKLAND, SAMUEL O SR.  
1109 E. OSBORNE AVE.  
TAMPA, FL 33603

**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, 2004**

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	P KIRKLAND, SAMUEL O SR. 1109 E. OSBORNE AVE. TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KIRKLAND, KATIE M 1109 E. OSBORNE AVE. TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIRKLAND, SAMUEL O JR. 413 MILLHOUSE COURT CHESAPEAKE, VA 23323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOORE, LETOYA 3302 DESERETTE LN. COLUMBUS, OH 43224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000138536  
04/29/04-80084-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 file 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:**

**SAMUEL O. KIRKLAND**

**4-6-2004**

**(813) 234-1321**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #