

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006265

FILED  
Aug 25, 2006  
Secretary of State

**Entity Name:** NEW BIRTH INDEPENDENT BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

259 DANDURAND STREET SW  
PALM BAY, FL 32908

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 110304  
PALM BAY, FL 32911

**New Mailing Address:**

**FEI Number:** 52-2369629      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

PHILISTIN, JONAS R DR.  
259 DANDURAND STREET SW  
PALM BAY, FL 32908 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PHILISTIN, JONAS R DR.  
Address: 259 DANDURAND STREET SW  
City-St-Zip: PALM BAY, FL 32908

Title: VD ( ) Delete  
Name: PHILISTIN, DENISE G  
Address: 259 DANDURAND STREET SW  
City-St-Zip: PALM BAY, FL 32908

Title: SD ( ) Delete  
Name: BERNARD, CHANTAL  
Address: 133 NE CUTLASS STREET  
City-St-Zip: PALM BAY, FL 32907

Title: TD ( ) Delete  
Name: MILEON, MATSENE  
Address: 1960 SW DEGROODT ROAD  
City-St-Zip: PALM BAY, FL 32908

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TDS ( ) Change (X) Addition  
Name: PIERRE, LAFORET  
Address: 486 MASTEN ST NW  
City-St-Zip: PALM BAY, FL 32907

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONAS R. PHILISTIN, TH.D.

PD

08/25/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date