

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90070 049 ****61.25

DOCUMENT # N03000009757

1. Entity Name
NEW BIRTH CHRISTIAN CHURCH, INC.



Principal Place of Business
**POST OFFICE BOX 614
FORT MYERS, FL 33902**

Mailing Address
**POST OFFICE BOX 614
FORT MYERS, FL 33902**

54068202



2. Principal Place of Business
2947 Palm Beach Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05112004

Chg-NP

CR2E037 (10/03)

City & State
FL MYERS, FL

City & State

4. FEI Number
770613760

Applied For

Not Applicable

Zip
33916

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, TYRONE L DR.
1653 PAWNEE STREET
FORT MYERS, FL 33916**

Name

Street Address (P.O. Box Number is Not Acceptable)

2436 Herb Ave

City

Lehigh Acres

FL

Zip Code

33971

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 September 8, 2004**

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 **P** ☐ Delete
NAME **JONES, TYRONE L PASTOR**
STREET ADDRESS **1653 PAWNEE STREET**
CITY-ST-ZIP **FORT MYERS, FL 33916**

TITLE **P** ☐ Delete
NAME **JONES, CECILIA Q**
STREET ADDRESS **1653 PAWNEE STREET**
CITY-ST-ZIP **FORT MYERS, FL 33916**

TITLE **D** ☒ Delete
NAME **CUMMINGS, AARON**
STREET ADDRESS **2909 DOUGLAS AVENUE**
CITY-ST-ZIP **FORT MYERS, FL 33916**

TITLE **D** ☐ Delete
NAME **WILLIAMS, PANDORA**
STREET ADDRESS **5313 7TH STREET W**
CITY-ST-ZIP **LEHIGH ACRES, FL 33971**

TITLE **D** ☐ Delete
NAME **WALKER, GLADYS**
STREET ADDRESS **1915 PAULDO STREET**
CITY-ST-ZIP **FORT MYERS, FL 33916**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P, CEO** ☒ Change ☒ Addition
NAME **Jones Tyrone L Pastor**
STREET ADDRESS **2436 Herb Ave**
CITY-ST-ZIP **Lehigh Acres, FL 33971**

TITLE **VP** ☒ Change ☐ Addition
NAME **Jones, Cecilia Q**
STREET ADDRESS **2436 Herb Ave**
CITY-ST-ZIP **Lehigh Acres, FL 33971**

TITLE **D** ☐ Change ☒ Addition
NAME **Robert - Pastor**
STREET ADDRESS **1352 Veronica Shoemaker Blvd**
CITY-ST-ZIP **Ft. Myers, FL 33916**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: *Tyrone L Jones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-20-04

Date

Daytime Phone #