

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000009757**

1. Entity Name  
**NEW BIRTH CHRISTIAN CHURCH, INC.**



Principal Place of Business  
**2947 PALM BEACH BLVD  
FORT MYERS, FL 33916**

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



03182005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>77-0613760</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**

**JONES, TYRONE L DR.  
2436 HERB AVE  
LEHIGH ACRES, FL 33971**

**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, 2005**

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 JONES, TYRONE L PASTOR 2436 HERB AVE LEHIGH ACRES, FL 33971
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, CECILIA Q 2436 HERB AVE LEHIGH ACRES, FL 33971
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, PANDORA 5313 7TH STREET W LEHIGH ACRES, FL 33971
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, GLADYS 1915 PAULDO STREET FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O PAULK, ROBERT 1352 VERONICA SHOEMAKER BLVD FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000289972  
04/06/05-80048-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

**4/1/05**

Date

Daytime Phone # \_\_\_\_\_