

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009757

FILED
Sep 06, 2006
Secretary of State

Entity Name: NEW BIRTH CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

2947 PALM BEACH BLVD
FORT MYERS, FL 33916

New Principal Place of Business:

2771 DR MARTIN LUTHER KING JR BLVD
FORT MYERS, FL 33916

Current Mailing Address:

POST OFFICE BOX 614
FORT MYERS, FL 33902

New Mailing Address:

FEI Number: 77-0613760 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

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

Name and Address of New Registered Agent:

JONES, TYRONE L DR.
3135 EDISON AVE
FORT MYERS, FL 33916 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: _____

09/06/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, TYRONE L PASTOR
Address: 2436 HERB AVE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VP () Delete
Name: JONES, CECILIA Q
Address: 2436 HERB AVE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D () Delete
Name: WILLIAMS, PANDORA
Address: 5313 7TH STREET W
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D () Delete
Name: WALKER, GLADYS
Address: 1915 PAULDO STREET
City-St-Zip: FORT MYERS, FL 33916

Title: O () Delete
Name: PAULK, ROBERT
Address: 1352 VERONICA SHOEMAKER BLVD
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JONES, TYRONE L PASTOR
Address: 3135 EDISON AVE
City-St-Zip: FORT MYERS, FL 33916

Title: VP (X) Change () Addition
Name: JONES, CECILIA Q
Address: 2260 TOWLES ST
City-St-Zip: FORT MYERS, FL 33916

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

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

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

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: CECILIA JONES

VP

09/06/2006

Electronic Signature of Signing Officer or Director

Date