

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006801

FILED  
Apr 30, 2006  
Secretary of State

**Entity Name:** NEW BIRTH INTERNATIONAL MISSION, INC.

**Current Principal Place of Business:**

2300 NW 135TH STREET  
MIAMI, FL 33168

**New Principal Place of Business:**

**Current Mailing Address:**

2300 NW 135TH STREET  
MIAMI, FL 33168

**New Mailing Address:**

**FEI Number:** 06-1723854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STARKE, LEONARDO D  
3340 MCDONALD ST.  
COCONUT GROVE, FL 33133 US

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

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: D ( ) Delete  
Name: CURRY, VICTOR T  
Address: 2300 NW 135TH STREET  
City-St-Zip: MIAMI, FL 33168

Title: D ( ) Delete  
Name: CARROLL, BENJAMIN T  
Address: 2300 NW 135TH STREET  
City-St-Zip: MIAMI, FL 33168

Title: D ( ) Delete  
Name: MASON, MOZELLE  
Address: 2300 NW 135TH STREET  
City-St-Zip: MIAMI, FL 33168

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

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

Title: D (X) Change ( ) Addition  
Name: HOLMES, NATHANIEL  
Address: 2300 NW 135TH STREET  
City-St-Zip: MIAMI, FL 33168

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: MOZELLE MASON

D

04/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date