2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008533

FILED Jun 19, 2008 Secretary of State

Entity Name: NEW BIRTH FAITH TABERNACLE CHRISTIAN BAPTIST CHURCH INC

urrent P	rincipal Place of Business:	New Principal Place of Business:
	8TH STREET ALE, FL 33009	
urrent N	lailing Address:	New Mailing Address:
	TCHER STREET DOD, FL 33021	
n accordan	:: 65-1143239 FEI Number Applied For () ace with s. 607.193(2)(b), F.S., the corporation did	FEI Number Not Applicable () Certificate of Status Desired () not receive the prior notice.
lame and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
ELLY, CA	AROLYN	
	TCHER STREET DOD, FL 33021 US	
he above	TCHER STREET DOD, FL 33021 US	e purpose of changing its registered office or registered agent, or both
OLLYWO	TCHER STREET DOD, FL 33021 US e named entity submits this statement for the e of Florida. RE:	
OLLYWO	TCHER STREET DOD, FL 33021 US e named entity submits this statement for the of Florida.	
HOLLYWO	TCHER STREET DOD, FL 33021 US e named entity submits this statement for the e of Florida. RE:	
he above the State	TCHER STREET DOD, FL 33021 US e named entity submits this statement for the of Florida. RE: Electronic Signature of Registered A	Agent Date
OLLYWO he above the State IGNATUI FFICER: tte: ame: ddress:	TCHER STREET DOD, FL 33021 US e named entity submits this statement for the of Florida. RE: Electronic Signature of Registered A S AND DIRECTORS: D () Delete KELLY, CAROLYN 5454 FLETCHER STREET	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify 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: CAROLYN KELLY D 06/19/2008