

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90118 015 ****70.00

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1. Entity Name

NEWBIRTH COVENANT MINISTRIES CHURCH, INC.



Principal Place of Business

**7006 ATLANTIC BLVD.
JACKSONVILLE FL 32211-8706**

Mailing Address

**7006 ATLANTIC BLVD.
JACKSONVILLE FL 32211-8706**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

55-0889032

Applied For

Not Applicable

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

**HARTSFIELD, GEORGE REV.
7006 ATLANTIC BLVD.
JACKSONVILLE FL 32211-8706**

Name

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

City

FL

Zip Code

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

**FILE NOW - FEE IS \$61.25
Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Delete
NAME **HARTSFIELD, GEORGE**
STREET ADDRESS **7006 ATLANTIC BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32211-8706**

TITLE **DVP** ☐ Delete
NAME **HARTSFIELD, CYNTHIA**
STREET ADDRESS **7006 ATLANTIC BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32211-8706**

TITLE **DST** ☒ Delete
NAME **LUCAS, SONYA**
STREET ADDRESS **7006 ATLANTIC BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32211-8706**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT DIRECTOR**
STREET ADDRESS **CYNTHIA HARTSFIELD**
CITY-ST-ZIP **7006 ATLANTIC BLVD**

TITLE ☐ Change ☒ Addition
NAME **TREASURER**
STREET ADDRESS **LEWYCE BELL**
CITY-ST-ZIP **6803 W VIRGINIA AVE**
JACKSONVILLE FL 32209

TITLE ☐ Change ☒ Addition
NAME **SECRETARY**
STREET ADDRESS **LORETTA DEWE**
CITY-ST-ZIP **1141 EAST 27TH STREET**
JACKSONVILLE FL 32206

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 exemptions contained in Section 119, 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:

Cynthia Hartsfield

3/6/06