2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004399

FILED Apr 07, 2009 Secretary of State

Entity Name: NEW BIRTH EDUCATIONAL MINISTRY, INC.

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
11647 HA JACKSON	RTS RD. IVILLE, FL 322	218		
Current Mailing Address:		New Mailing Address:		
11647 HA JACKSON	RTS RD. IVILLE, FL 322	218		
FEI Numbei	: 32-0251954	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
HENRY, [11467 HA JACKSON		218 US		
	e named entity e of Florida.	submits this statement for the	ourpose of changing its register	red office or registered agent, or both,
	e of Florida.	submits this statement for the	purpose of changing its register	red office or registered agent, or both,
n the Stat	e of Florida. [*] RE:	submits this statement for the particles of Registered Ag		red office or registered agent, or both, Date
in the Stat	e of Florida. [*] RE:	nic Signature of Registered Ag	ent	
in the Stat	e of Florida. RE: Electror S AND DIREC	nic Signature of Registered Ag TORS:) Delete GALYNDA Y RD.	ent	Date
in the Stat SIGNATU OFFICER Title: Name: Address:	e of Florida. RE: Electror S AND DIREC D (HENDERSON, 11647 HARTS JACKSONVILL	nic Signature of Registered Age TORS:) Delete GALYNDA Y RD. E, FL 32218) Delete DONALD RD.	ent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR
in the Stat SIGNATU OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electror S AND DIREC D (HENDERSON, 11647 HARTS JACKSONVILL D (HENDERSON, 11647 HARTS JACKSONVILL	nic Signature of Registered Ag TORS:) Delete GALYNDA Y RD. E, FL 32218) Delete DONALD RD. E, FL 32218	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR () Change () Addition

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: DONALD HENDERSON D 04/07/2009