


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90014 049 ****70.00

DOCUMENT # N26920	
1. Entity Name NEW FAITH BAPTIST CHURCH, INC.	

Principal Place of Business %REV. MERVIN TINDLE 1900 NW 95 TERRACE MIAMI, FL 33147	Mailing Address 2950 NW 169 TERR MIAMI, FL 33056 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01042008 Chg-NP CR2E037 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 65-0071848	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TINDLE, REV. MERVIN 2950 N.W. 169TH TERRACE MIAMI, FL 33055

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete
NAME	TINDLE, REV. MERVIN
STREET ADDRESS	2950 N.W. 169TH TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	DT <input type="checkbox"/> Delete
NAME	ROBINSON, SYLVIA
STREET ADDRESS	1971 NW 184 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	DVS <input type="checkbox"/> Delete
NAME	TINDLE, VALENCIA
STREET ADDRESS	2950 N.W. 169TH TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	D <input type="checkbox"/> Delete
NAME	STEVENS, JANICE MORRIS
STREET ADDRESS	4036 N.W. 105 STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	D <input type="checkbox"/> Delete
NAME	O'NEAL, JOI
STREET ADDRESS	1884 NW 89RD AVE
CITY-ST-ZIP	SUNRISE FL 33313
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3925 N.W. 185 Street
STREET ADDRESS	Miami Garden, Fl.
CITY-ST-ZIP	33055-2888
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16758 64th place north
STREET ADDRESS	LOXA Hatchee, Fl.
CITY-ST-ZIP	33470-6029
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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: Rev. Dr. Mervin Tindle - REV. DR. MERVIN TINDLE 02-08-08-305-631-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #