2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90634 001 ***333.75

DOCUMENT # N43737

1. Entity Name
NEW BIRTH BAPTIST CHURCH, INC.

66416550

Principal Place of Business	Mailing Address
2300 NW 135 ST. MIAMI, FL 33167 US	2300 NW 135 ST. MIAMI, FL 33167 US

01132004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0269611
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STARKE, LEONARDO
3340 MCDONALD ST
COURTYARD STE
COCONUT GROVE, FL 33133

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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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	RUBUE, HOWARD
STREET ADDRESS	5335 NW 188 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	SD
NAME	JACKSON, BRENDA
STREET ADDRESS	13230 NW 7TH AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	KELLY, JOHN
STREET ADDRESS	5454 FLETCHER ST
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	D
NAME	BRYANT, MAE
STREET ADDRESS	1000 NW 151ST ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	P
NAME	CURRY, VICTOR T
STREET ADDRESS	5037 COUNTRY BROOK DR
CITY-ST-ZIP	COOPER CITY, FL 33330
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #