

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44747

FILED
May 01, 2008
Secretary of State

Entity Name: NEW BIRTH MISSIONARY BAPTIST CHURCH OF TAMPA, INCORPORATED

Current Principal Place of Business:

4618 NORTH FLORIDA AVENUE
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

PO BOX 7085
TAMPA, FL 33673 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCFADDEN, HERBERT SR
4618 NORTH FLORIDA AVENUE
TAMPA, FL 33603 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: MCFADDEN, HERBERT SR
Address: 9222 HIDDENWATER CIRCLE
City-St-Zip: RIVERVIEW, FL 33569

Title: T () Delete
Name: WARD, PATRICIA
Address: 10909-22ND ST.
City-St-Zip: TAMPA, FL 33612

Title: T () Delete
Name: HILLS, COMINA
Address: 5805 N. 20TH ST.
City-St-Zip: TAMPA, FL 33610

Title: S () Delete
Name: BEACHAM, SYLVIA E
Address: 102 W HILDA STREET
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SYLVIA E. BEACHAM

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05/01/2008

Electronic Signature of Signing Officer or Director

Date