

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90076 004 \*\*\*\*75.00

**DOCUMENT # N94000004173**

1. Entity Name

**NEW DAY 'N' CHRIST-DELIVERANCE MINISTRIES, INC.**



Principal Place of Business

**3055 NW 76TH ST  
MIAMI FL 33147**

Mailing Address

**2959 NW 156TH ST  
MIAMI FL 33054**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0520033**

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

**ROBERTS, AARON H SR  
2959 NW 156TH ST  
MIAMI FL 33054**

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**

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 ☐ Delete  
NAME **ROBERTS, AARON H SR**  
STREET ADDRESS **2959 NW 156TH ST**  
CITY-ST-ZIP **MIAMI FL 33054-2225**

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

TITLE ☐ Delete  
NAME **TR HALL, MARY P**  
STREET ADDRESS **2440 NW 168TH ST**  
CITY-ST-ZIP **MIAMI FL 33056**

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

TITLE ☐ Delete  
NAME **DT ROBERTS, ALICE M**  
STREET ADDRESS **2959 NW 156TH ST**  
CITY-ST-ZIP **MIAMI FL 33054-2225**

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

TITLE ☐ Delete  
NAME **TS TUCKER, DAVID W**  
STREET ADDRESS **676 N.W. 48TH STREET**  
CITY-ST-ZIP **MIAMI FL 33127**

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

TITLE ☒ Delete  
NAME **TS SHORWELL, JUANITA C**  
STREET ADDRESS **1245 NW 120TH ST**  
CITY-ST-ZIP **N MIAMI FL 33167**

TITLE ☒ Change ☒ Addition  
NAME **TS Shirley Brooks - Trustee**  
STREET ADDRESS **8501 N.W. 15th Ave**  
CITY-ST-ZIP **Miami, Florida 33147**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition  
NAME **TS Dwight L. Gipsom**  
STREET ADDRESS **1480 N.W. 196th terrace**  
CITY-ST-ZIP **Miami, Florida 33056**

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:

SIGNATURE

365-836-7815  
1-15-03 305-621-5942

CR2E037 (10/02)