

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005899

FILED
Jun 30, 2005
Secretary of State

Entity Name: RE-BIRTH MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

1924 E COMANCHE AVE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

1924 E COMANCHE AVE
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3221743 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

HUDSON, ZACHERY
1924 E COMANCHE AVE
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: HUDSON, ZACHERY
Address: 1924 E COMANCHE AVE
City-St-Zip: TAMPA, FL 33610

Title: TD () Delete
Name: WILLIAMS, JR., K.C
Address: 1924 E. COMANCHE AVE
City-St-Zip: TAMPA, FL 33610

Title: TD () Delete
Name: MATHEWS, ARNOLD
Address: 10113 SPRINGTREE CT
City-St-Zip: TAMPA, FL 33615

Title: SD () Delete
Name: STOWE, DELBRA Y
Address: 1924 E. COMANCHE AVE
City-St-Zip: TAMPA, FL 33610

Title: TD () Delete
Name: LONDON, JANICE
Address: 1924 E. COMANCHE AVE
City-St-Zip: TAMPA, FL 33610

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:

Title: TD (X) Change () Addition
Name: LONDON, JANICE S
Address: 1924 E. COMANCHE AVE
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ZACHERY S HUDSON

PD

06/30/2005

Electronic Signature of Signing Officer or Director

Date