2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000005899

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

Principal Place of Business	Mailing Address
1924 E COMANCHE AVE TAMPA, FL 33610	1924 E COMANCHE AVE TAMPA, FL 33610

DO NOT WRITE IN THIS SPACE

05062006 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3221743
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUDSON, ZACHERY
1924 E COMANCHE AVE
TAMPA, FL 33610

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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 September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUDSON, ZACHERY
STREET ADDRESS	1924 E COMANCHE AVE
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	TD
NAME	WILLIAMS, JR., K.C
STREET ADDRESS	1924 E. COMANCHE AVE
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	TD
NAME	MATHEWS, ARNOLD
STREET ADDRESS	10113 SPRINGTREE CT
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	SD
NAME	STOWE, DELBRA Y
STREET ADDRESS	1924 E. COMANCHE AVE
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	TD
NAME	LONDON, JANICE S
STREET ADDRESS	1924 E. COMANCHE AVE
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/25/06-80009-004 70.00

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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: Zachery Hudson 5/8/06 (813)238-8911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #