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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002958 (3)**

1. Corporation Name

NEW BIRTH PRAISE & WORSHIP CENTER, INC.

Principal Place of Business

Mailing Address

**3630 N.W. 9 ST.
FT. LAUDERDALE FL 33311**

**3630 N.W. 9 ST.
FT. LAUDERDALE FL 33311**

3. Date Incorporated or Qualified

05/21/1997

4. FEI Number

☐ Applied For
☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2600 Hammondville Rd.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 14

27

City & State

City & State

23 Pompano Beach

28

Zip

Zip

24 33069

25

Country

Country

26 Florida

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MELLION, DIANA G
3630 N.W. 9 ST.
FT. LAUDERDALE FL 33311**

01 Name

02 Street Address (P.O. Box Number Is Not Acceptable)

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME **D**
STREET ADDRESS **MELLION, WILLIE L**
CITY-ST-ZIP **3630 N.W. 9 ST.
FT. LAUDERDALE FL 33311**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME **D**
STREET ADDRESS **MELLION, DIANA G**
CITY-ST-ZIP **3630 N.W. 9 ST.
FT. LAUDERDALE FL 33311**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME **D**
STREET ADDRESS **RAWLS, FRANKIE M**
CITY-ST-ZIP **2627 N.W. THIRD ST.
POMPAHO BEACH FL 33069**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Willie L Mellion

3-30-98

CR2E037 (10/97)