

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90065 006 \*\*\*\*70.00

**DOCUMENT # N97000003427**

1. Entity Name

**NEW BIRTH MINISTRIES FROM GOD, INC.**



Principal Place of Business

**10922 SW 218TH TERRACE  
MIAMI FL 33170**

Mailing Address

**10922 SW 218TH TERRACE  
MIAMI FL 33170**

**50009995**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0733947**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WILCOX, MICHAEL  
10922 SW 218TH TERRACE  
MIAMI FL 33170**

7. Name and Address of New Registered Agent

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  
Due By May 1, 2005**

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

TITLE PD ☐ Delete  
NAME WILCOX, MICHAEL  
STREET ADDRESS 10922 SW 218TH TERRACE  
CITY-ST-ZIP MIAMI FL 33170

TITLE VDS ☐ Delete  
NAME WILCOX, DIANE  
STREET ADDRESS 10922 SW 218TH TERRACE  
CITY-ST-ZIP MIAMI FL 33170

TITLE TDC ☐ Delete  
NAME WILCOX, MARY  
STREET ADDRESS 14720 SW 103 AVE  
CITY-ST-ZIP MIAMI FL 33157

TITLE CS ☐ Delete  
NAME LILLIE GREEN  
STREET ADDRESS 11110 S.W. 196ST  
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:** *Diane Wilcox* **Diane Wilcox**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-25-05* **305 253-4894**

Date

Daytime Phone #