

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

**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



04092008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000892997  
04/23/08-80088-007 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Diane Wilcox* VICE PRESIDENT

4-8-08

Date

305-253-4894

Daytime Phone #