

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 06, 2007 8:00 am**  
**Secretary of State**

09-06-2007 90010 029 \*\*\*\*61.25

<b>DOCUMENT # N97000006596</b> 1. Entity Name <b>NEWBORN FAITH DELIVERANCE M.B. CHURCH, INC.</b>					
Principal Place of Business <b>4816 N.W. 22ND AVENUE MIAMI FL 33142</b>				Mailing Address <b>4816 N.W. 22ND AVENUE MIAMI FL 33142</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address <b>13225 N.W. 21 PL.</b> Suite, Apt. #, etc. <b>Miami, Fla.</b> City & State <b>33167 Dade</b> Zip Country			
4. FEI Number <b>65-0795161</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				2nd MOORE CR2E037 (4/07)	
6. Name and Address of Current Registered Agent <b>PACLEY, JAMES L 12225 NW 21TH PL MIAMI FL 33167</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>James L Pacley</i> <small>(Signature, typed or printed name of registered agent and fee, if applicable.)</small>				DATE <b>8/31/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW: FEE IS \$61.25 Due By September 5, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>HALL, EDDIE LEE 1762 N.W. 42ND STREET MIAMI FL 33142</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Marie Tate 4620 N.W. 11 Ave. Miami, Fla. 33127</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>HUDSON, GLODEAN 230 N.W. 52ND STREET MIAMI FL 33127</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>PACLEY, JAMES L 12225 N.W. 21ST PL ACE MIAMI FL 33167</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>WOOTEN, VALERIE 2925 NW 68TH ST MIAMI FL 33142</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>James L Pacley</i> <small>(Signature and typed or printed name of officer, director, receiver or trustee)</small>				DATE <b>8/31/07</b> (786) 829-2238	