

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90150 031 ****61.25

DOCUMENT # N99000006957

1. Entity Name

NEW BIRTH DELIVERANCE MINISTRY, INC.

Principal Place of Business

Mailing Address

**919 COMBEE RD.
 LAKELAND FL 33801**

**415 MONTGOMERY AVE.
 LAKELAND FL 33801**

2. Principal Place of Business

3. Mailing Address

2411 U.S. 98 N.
 Suite, Apt. #, etc.

415 Montgomery Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Lakeland FL

Lakeland FL

4. FEI Number

Applied For
 Not Applicable

Zip **33805**

Country **U.S.**

Zip **33801**

Country **U.S.**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, LILLIE
 415 MONTGOMERY AVE.
 LAKELAND FL 33801**

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.

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**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	JONES, LILLIE	
CITY-ST-ZIP	919 COMBEE RD. LAKELAND FL 33801	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	JONES, DAVID	
CITY-ST-ZIP	919 COMBEE RD. LAKELAND FL 33801	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	AUSTIN, SOPHIA	
CITY-ST-ZIP	919 COMBEE RD. LAKELAND FL 33801	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	LILLIE Jones	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	415 Montgomery Ave	
CITY-ST-ZIP	Lakeland FL 33801	
TITLE NAME	DAVID Jones	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	415 Montgomery Ave	
CITY-ST-ZIP	Lakeland FL 33801	
TITLE NAME	SOPHIA Austin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	415 Montgomery Ave	
CITY-ST-ZIP	Lakeland FL 33801	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Lillie Jones** Date: **4-11-00** Daytime Phone #: **863-682-7051**

CR2E037 (9/99)