

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006957

FILED
Apr 30, 2008
Secretary of State

Entity Name: NEW BIRTH DELIVERANCE MINISTRY, INC.

Current Principal Place of Business:

412 N. MASSACHUSETTS
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

415 MONTGOMERY AVE
LAKELAND, FL 33801 US

New Mailing Address:

FEI Number: 59-3499678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASTER, LILLIE M
415 MONTGOMERY AVE.
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LASTER/JONES, LILLIE M
Address: 415 MONTGOMERY AVE
City-St-Zip: LAKELAND, FL 33801

Title: VPD () Delete
Name: AUSTIN, SOPHIA
Address: 415 MONTGOMERY AVE
City-St-Zip: LAKELAND, FL 33801

Title: CD () Delete
Name: JONES, DAVID
Address: 415 MONTGOMERY AVE
City-St-Zip: LAKELAND, FL 33801

Title: T () Delete
Name: JONES, DAKEEM M
Address: 415 MONTGOMERY AVE
City-St-Zip: LAKELAND, FL 33801

Title: S () Delete
Name: JONES, DORSELL
Address: 415 MONTGOMERY AVE
City-St-Zip: LAKELAND, FL 33801

Title: T () Delete
Name: JONES, KADEEM
Address: 415 MONTGOMERY AVE
City-St-Zip: LAKELAND, FL 33801 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIE LASTER JONES

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date