

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
Oct 21, 2009  
Secretary of State

DOCUMENT# N99000006957

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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: LILLIE LASTER JONES

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  
Name:  
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

Electronic Signature of Signing Officer or Director

P

10/21/2009

Date