

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006957

FILED  
Apr 11, 2012  
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  
Name: LASTER/JONES, LILLIE M  
Address: 415 MONTGOMERY AVE  
City-St-Zip: LAKELAND, FL 33801

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

Title: VPD  
Name: JONES, DAVID  
Address: 415 MONTGOMERY AVE  
City-St-Zip: LAKELAND, FL 33801

Title: T  
Name: JONES, DORSELL M  
Address: 415 MONTGOMERY AVE  
City-St-Zip: LAKELAND, FL 33801

Title: S  
Name: JONES, KADEEM  
Address: 415 MONTGOMERY AVE  
City-St-Zip: LAKELAND, FL 33801

Title: T  
Name: JONES, DAKEEM  
Address: 415 MONTGOMERY AVE  
City-St-Zip: LAKELAND, FL 33801 US

I hereby 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 all other like empowered.

SIGNATURE: LILLIE LASTER

P

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date