

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000006957

FILED
Feb 24, 2014
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: LILLIE LASTER/JONES

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: PD
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
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/JONES

P

02/24/2014

Electronic Signature of Signing Officer or Director

Date