

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000009290

**Entity Name:** NEW BIRTH COMMUNITY DEVELOPMENT CORPORATION,  
INC.**FILED**  
**Feb 13, 2019**  
**Secretary of State**  
**1233563097CC****Current Principal Place of Business:**1610 N Q ST  
PENSACOLA, FL 32505**Current Mailing Address:**1610 N Q ST  
PENSACOLA, FL 32505**FEI Number: NOT APPLICABLE****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PEACOCK, FLOYD  
1610 N Q ST  
PENSACOLA, FL 32505 US*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**Officer/Director Detail :**Title DC  
Name BLACK, DORIS  
Address 704 E LEE ST  
City-State-Zip: PENSACOLA FL 32503Title DVC  
Name BROOKS, MARYLYN  
Address 120 GARFIELD DR  
City-State-Zip: PENSACOLA FL 32505Title DS  
Name KIDD, MINNIE  
Address 607 E MORENO ST  
City-State-Zip: PENSACOLA FL 32503Title DT  
Name MADISON, ANDREW  
Address 615 ARNARD PL  
City-State-Zip: PENSACOLA FL 32505Title WARE  
Name ROSILAND  
Address 2232 VILLA ESCONDIDO DR  
City-State-Zip: PENSACOLA FL 32526

*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: DORIS BLACK****R A****02/13/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date