

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004173

**Entity Name:** NEW DAY 'N' CHRIST DELIVERANCE MINISTRIES, INC.**Current Principal Place of Business:**3055 NW 76TH ST  
MIAMI, FL 33147**Current Mailing Address:**P O BOX 470070  
MIAMI, FL 33247 US**FEI Number:** 65-0520033**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBERTS, AARON H SR  
20879 NW 9 CT  
APT 201  
MIAMI, FL 33169 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:** AARON H. ROBERTS, SR

04/04/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D
Name	ROBERTS, AARON HSR
Address	20879 NW 9 CT APT 201
City-State-Zip:	MIAMI FL 33169
Title	TS
Name	TUCKER, DAVID W
Address	20086 NW 35 AVE
City-State-Zip:	MIAMI GARDENS FL 33056
Title	TR
Name	MOFFET, SHATAVIA D
Address	290 N.W.40TH STREET
City-State-Zip:	MIAMI FL 33127

Title	TR
Name	ROBERTS, ALICE M
Address	20879 NW 9 CT APT 201
City-State-Zip:	MIAMI FL 33169
Title	TR
Name	BRODERICK, MARY D
Address	2640 S.W.66TH TERRACE
City-State-Zip:	MIRAMAR FL 33023
Title	TR
Name	CARTER, BRENDA C
Address	3091 NW 76 ST
City-State-Zip:	MIAMI FL 33147

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:** AARON H. ROBERTS SR**DIRECTOR**

04/04/2016

Electronic Signature of Signing Officer/Director Detail

Date