2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766381

FILED Mar 11, 2005 Secretary of State

Entity Name: NEW BIRTH GOSPEL TABERNACLE INC.

Current Principal Place of Business: New Principal Place of Business: 225 NORTH SEMINOLE AVENUE INVERNESS, FL 34450 US **Current Mailing Address: New Mailing Address:** 225 NORTH SEMINOLE AVENUE INVERNESS, FL 34450 FEI Number: 59-3001268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANGLEY, JOHN CHESTER, LARRY 225 NORTH SEMINOLE AVENUE 12344 SHADOWBROOK LN INVERNESS, FL 34450 US ORLANDO, FL 32828 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: LARRY CHESTER 03/11/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CHESTER, LARRY, Name: Name: 12344 SHADOWBROOK LN Address: Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: Title: () Delete Title: () Change () Addition CHESTER, TONI V. Name: Name: Address: 12344 SHADOWBROOK LN Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: Title: () Delete Title: () Change () Addition CHESTER, LATASHA Name: Name: 849 STARLIGHT COVE RD APT. 101 Address: Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: Title: () Delete Title: () Change () Addition CHESTER, LONNIE, Name: Name: 3101 E DEAL ST Address: Address: City-St-Zip: INVERNESS, FL City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, JOE, Name: Name: 828 TWIGG ST Address: Address: City-St-Zip: ROOKSVILLE, FL City-St-Zip: Title: () Delete Title: () Change () Addition INMAN, RICK Name: Name: Address: 5240 E. PARSONS PT. Address: HERNANDO, FL 34447 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LARRY CHESTER P 03/11/2005