

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90073 044 ****61.25

DOCUMENT # 706711

1. Corporation Name

NEW BEGINNING CHRISTIAN CENTER, INC.

Principal Place of Business

1111 S.W. 2ND AVE.
DEERFIELD BEACH FL 33441

Mailing Address

1111 S.W. 2ND AVE.
DEERFIELD BEACH FL 33441



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/16/1964

4. FEI Number

65-0073830

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HARVEY, MICHAEL L
9460 LISTOW TERR
BOYNTON BCH FL 33437

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME HARVEY, MICHAEL
STREET ADDRESS 9460 LISTOW TERR.
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE VD ☐ DELETE

NAME BANKS, JOHNNY
STREET ADDRESS 487 N.W. 3RD WAY
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE TD ☐ DELETE

NAME GARCIA, KATIE MAE
STREET ADDRESS 710 N.E. 40TH ST.
CITY-ST-ZIP POMPANO BCH. FL

TITLE SD ☐ DELETE

NAME MILLER, PATRICIA A.
STREET ADDRESS 1119 MEADOWS CIR
CITY-ST-ZIP BOYNTON BEACH FL 33462

TITLE D ☐ DELETE

NAME BATTIE, LEROY
STREET ADDRESS 211 S.W. 3RD CT.
CITY-ST-ZIP DEERFIELD BCH FL 33441

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael L Harvey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/99

Date

(561) 375-8877

Daytime Phone #

CR2E037 (11/98)