

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2004 8:00 am**  
**Secretary of State**

01-21-2004 90009 004 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                                                                            |                                                                                                                                                                         |                                                                                                        |  |
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| <b>DOCUMENT # N00000003971</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  |                                                                                            |                                                                                                                                                                         |                                                                                                        |  |
| <b>1. Entity Name</b><br>NEW BEGINNINGS SANCTUARY OF PRAISE CHURCH, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |                                                                                            |                                                                                                                                                                         |                                                                                                        |  |
| <b>Principal Place of Business</b><br>121 DOODLE AVE.<br>FORT WALTON BEACH, FL 32548                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                  |                                                                                            | <b>Mailing Address</b><br>P.O. BOX 714<br>SHALIMAR, FL 32579                                                                                                            |                                                                                                        |  |
| <b>2. Principal Place of Business</b><br>100 NW BEAL PKWY<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.                                           |                                                                                                                                                                         |                                                                                                        |  |
| <b>City &amp; State</b><br>FT WALTON BEACH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  | <b>City &amp; State</b>                                                                    |                                                                                                                                                                         | <b>4. FEI Number</b><br>59-3649768                                                                     |  |
| <b>Zip</b><br>32547                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  | <b>Country</b><br>USA                                                                      |                                                                                                                                                                         | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>GOODWIN, ALEX<br>79 SCHOONER LANE<br>SHALIMAR, FL 32579                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |                                                                                            | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |                                                                                                        |  |
| <b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                  |                                                                                            |                                                                                                                                                                         |                                                                                                        |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |                                                                                            |                                                                                                                                                                         |                                                                                                        |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                         | <b>\$5.00 May Be Added to Fees</b>                                                                     |  |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |                                                                                            |                                                                                                                                                                         |                                                                                                        |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |                                                                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                            |                                                                                                        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PPD<br>GOODWIN, ALEX<br>79 SCHOONER LANE<br>SHALIMAR, FL 32579                   | <input type="checkbox"/> Delete                                                            |                                                                                                                                                                         |                                                                                                        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TD<br>PARKER, RICHARD JR<br>428 BRISTOL COVE RD.<br>MARY ESTHER, FL 32569        | <input type="checkbox"/> Delete                                                            |                                                                                                                                                                         |                                                                                                        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SD<br>CRAWFORD, TYRONE D<br>1922 HEARTLAND DRIVE<br>FORT WALTON BEACH, FL 32548  | <input checked="" type="checkbox"/> Delete                                                 |                                                                                                                                                                         |                                                                                                        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>PERKINS, KENNETH R<br>643 VIRGINIA OAK COURT<br>FORT WALTON BEACH, FL 32548 | <input checked="" type="checkbox"/> Delete                                                 |                                                                                                                                                                         |                                                                                                        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SD<br>Goodwin, hecresia<br>27 9th St Apt #5<br>Shalimar, FL 32579                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |                                                                                                                                                                         |                                                                                                        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VPD<br>Goodwin, olie<br>79 Schooner Lane<br>Shalimar, FL 32579                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |                                                                                                                                                                         |                                                                                                        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |                                                                                                                                                                         |                                                                                                        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |                                                                                                                                                                         |                                                                                                        |  |
| <b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b> |                                                                                  |                                                                                            |                                                                                                                                                                         |                                                                                                        |  |
| <b>SIGNATURE:</b> <u>Richard C. Parker, Jr.</u> <span style="float: right;">01/15/04 850-581-2958</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |                                                                                            |                                                                                                                                                                         |                                                                                                        |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  |                                                                                            |                                                                                                                                                                         |                                                                                                        |  |