

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008705

FILED  
Jun 16, 2008  
Secretary of State

Entity Name: NEW BEGINNINGS MINISTRIES OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

1656 W EDGEWOOD AVE  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

9483 WARHAWK RD  
JACKSONVILLE, FL 32221

**New Mailing Address:**

FEI Number: 11-3662157      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: O      ( ) Delete  
Name: CARTER, ELAINE  
Address: 1656 W EDGEWOOD AVE  
City-St-Zip: JACKSONVILLE, FL 32244

Title: O      ( ) Delete  
Name: KOHN, VANESSA M  
Address: 1656 W EDGEWOOD AVE  
City-St-Zip: JACKSONVILLE, FL 32244

Title: O      ( ) Delete  
Name: WILLIAMS, CELESTE  
Address: 1656 W EDGEWOOD AVE  
City-St-Zip: JACKSONVILLE, FL 32244

Title: P      ( ) Delete  
Name: HAWK, MICHAEL J DR  
Address: 1656 W EDGEWOOD AVE  
City-St-Zip: JACKSONVILLE, FL 32244

Title: V      ( ) Delete  
Name: HAWK, DOUGLAS E DEC  
Address: 1656 W EDGEWOOD AVE  
City-St-Zip: JACKSONVILLE, FL 32244

Title: S      ( ) Delete  
Name: HAWK, DELORES R  
Address: 1656 W EDGEWOOD AVE  
City-St-Zip: JACKSONVILLE, FL 32244

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL J HAWK

PRES

06/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date