

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004087

FILED
Jul 24, 2005
Secretary of State

Entity Name: NEW BEGINNINGS CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

4381 NORTH STATE ROAD 7
FORT LAUDERDALE, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

1845 NW 38TH AVE
LAUDERHILL, FL 33319 US

New Mailing Address:

FEI Number: 65-0852906 **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:

Name and Address of New Registered Agent:

DUPONT, VERNA
4381 NORTH STATE ROAD 7
FORT LAUDERDALE, FL 33319 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MORROW, RUBY
Address: PO BOX 10244 N/A
City-St-Zip: RIVIERA BEACH, FL

Title: D () Delete
Name: BAKER DUPONT, JOAN
Address: 120 N KEY ST
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: BOWMAN, CATHERINE
Address: 1001 NW 43 STREET
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: DUPONT, VERNA
Address: 1119 NW 10TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 333116135

Title: D () Delete
Name: DUPONT, MICHAEL
Address: 1119 NW 10TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 333116135

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:

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: VERNA DUPONT

P

07/24/2005

Electronic Signature of Signing Officer or Director

Date