

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004087

FILED
Apr 30, 2007
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 ()

Name and Address of Current Registered Agent:

DUPONT, VERNA
4381 NORTH STATE ROAD 7
FORT LAUDERDALE, FL 33319 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: 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: D (X) Change () Addition
Name: SNEED, DARON
Address: 4918 CYPRESS WAY
City-St-Zip: COCONUT,, FL 33373

Title: D (X) Change () Addition
Name: ELIJAH E., BELL
Address: 4561 WEST MCNAB ROAD
City-St-Zip: POMPANO BEACH, FL 33069

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

Title: D (X) Change () Addition
Name: SNEED, SARIA
Address: 4918 CYPRESS WAY
City-St-Zip: COCONUT, CREEK, FL 33373

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: SARIA SNEED

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date