


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90192 050 ****61.25

DOCUMENT # 706711 1. Entity Name NEW BEGINNING CHRISTIAN CENTER, INC.					
Principal Place of Business 1111 S.W. 2ND AVE. DEERFIELD BEACH FL 33441 US			Mailing Address 1111 S.W. 2ND AVE. DEERFIELD BEACH FL 33441 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NO-T APPLICABLE <div style="float: right; text-align: right;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARVEY, MICHAEL L 9460 LISTOW TERR BOYNTON BCH FL 33437			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARVEY, MICHAEL		NAME	1549 S.W. 11TH AVE	
STREET ADDRESS	9460 LISTOW TERR.		STREET ADDRESS	PT ST LUCIE, FLORIDA	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP	34953	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BANKS, JOHNNY		NAME	493 BRITANNY K	
STREET ADDRESS	487 N.W. 3RD WAY		STREET ADDRESS	DELRAY BEACH, FL	
CITY-ST-ZIP	DEERFIELD BEACH FL		CITY-ST-ZIP	33446	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, KATIE MAE		NAME	3180 N HARVEYHILL ROAD	
STREET ADDRESS	710 N.E. 40TH ST.		STREET ADDRESS	A207	
CITY-ST-ZIP	POMPANO BCH. FL		CITY-ST-ZIP	WEST Palm Beach, FL	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BESSIE, HARVEY L		NAME	33417	
STREET ADDRESS	9460 LISTOW TERRACE A		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATTIE, LEROY		NAME		
STREET ADDRESS	211 S.W. 3RD CT.		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL 33441		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE:

Michael Harvey

4/19/06