

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706711

FILED
Apr 15, 2009
Secretary of State

Entity Name: NEW BEGINNING CHRISTIAN CENTER, INC.

Current Principal Place of Business:

1111 S.W. 2ND AVE.
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

Current Mailing Address:

1111 S.W. 2ND AVE.
DEERFIELD BEACH, FL 33441 US

New Mailing Address:

FEI Number: 65-0073830 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARVEY, MICHAEL L
1549 SW IFFLA AVE
PORT SAINT LUCIE, FL 34953 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: PD () Delete
Name: HARVEY, MICHAEL
Address: 1549 SW. IFFLA AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VD () Delete
Name: BANKS, JOHNNY
Address: 487 N.W. 3RD WAY
City-St-Zip: DEERFIELD BEACH, FL

Title: TD () Delete
Name: GARCIA, KATIE MAE
Address: 493 BRITTANY K
City-St-Zip: DELRAY BEACH, FL 33446

Title: SD () Delete
Name: BESSIE, HARVEY L
Address: 3180 N. HARVERHILL RD. A 207
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: BATTIE, LEROY
Address: 211 S.W. 3RD CT.
City-St-Zip: DEERFIELD BCH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: GARCIA, KATIE MAE
Address: 927 FELLSWOODS COURT
City-St-Zip: STONE MOUNTAIN, GA 30083

Title: SD (X) Change () Addition
Name: BESSIE, HARVEY L
Address: 4532 EMERALD VISTA # 1 - 195
City-St-Zip: LAKE WORTH, FL 33461

Title: D (X) Change () Addition
Name: BANKS, JOHNNY JR
Address: 1051 SW 8TH AVENUE
City-St-Zip: DEERFIELD BCH, FL 33441

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 L HARVEY

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date