

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 716204**

1. Entity Name  
**NEW BEGINNING BAPTIST CHURCH, INC.**



Principal Place of Business  
**404 W. BELMAR  
P.O. BOX 2133  
LAKE LAND, FL 33806-2133**

Mailing Address  
**404 W. BELMAR  
P.O. BOX 2133  
LAKE LAND, FL 33806-2133**



04282004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2411851**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ARRINGTON, DAVID  
1128 DRIGGERS RD  
LAKE LAND, FL 33809**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	ARRINGTON, DAVID
STREET ADDRESS	1128 DRIGGERS ROAD
CITY-STATE-ZIP	LAKE LAND, FL
TITLE	DT
NAME	IMES, HOWARD
STREET ADDRESS	609 CAREY PLACE
CITY-STATE-ZIP	LAKE LAND, FL
TITLE	TT
NAME	IMES, TERESA
STREET ADDRESS	609 CAREY PLACE
CITY-STATE-ZIP	LAKE LAND, FL
TITLE	DT
NAME	CONNERS, THEODORE
STREET ADDRESS	1104 S LINITAH AVE
CITY-STATE-ZIP	LAKE LAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000146727  
4/29/04-00076-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 information.

**SIGNATURE:**

*David Arrington*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/04*  
Date

*863-858-2059*  
Cayme Phone #