


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 729188**  
 1. Entity Name  
**NEW BEGINNINGS CHRISTIAN FELLOWSHIP OF NORTHEAST FLORIDA, INC.**



Principal Place of Business  
 1134 BLANDING BLVD.  
 ORANGE PARK, FL 32065-6704

Mailing Address  
 1134 BLANDING BLVD.  
 ORANGE PARK, FL 32065-6704



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
 59-1896370 Applied For Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

LANKFORD, JERRY  
 2017 FROGMORE STREET  
 MIDDLEBURG, FL 32068

**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 renewing) DATE

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANKFORD, JERRY 2017 FROGMORE STREET MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANKFORD, SUSAN R 2017 FROGMORE STREET MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOWNARD, BOB 479 ARTHUR MOORE DR GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHARLES WHITTIER 2906 BLACK CREEK DR MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000401455  
 02/02/06-60044-019 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: JERRY LANKFORD 1.18.06 904 272 1017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #