

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2009
Secretary of State**

DOCUMENT# 729188

Entity Name: NEW BEGINNINGS CHRISTIAN FELLOWSHIP OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

1134 BLANDING BLVD.
ORANGE PARK, FL 320656704

New Principal Place of Business:

Current Mailing Address:

1134 BLANDING BLVD.
ORANGE PARK, FL 320656704

New Mailing Address:

FEI Number: 59-1896370 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LANKFORD, JERRY
2017 FROGMORE STREET
MIDDLEBURG, FL 32068 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: LANKFORD, JERRY
Address: 2017 FROGMORE STREET
City-St-Zip: MIDDLEBURG, FL 32068

Title: SD () Delete
Name: LANKFORD, SUSAN R
Address: 2017 FROGMORE STREET
City-St-Zip: MIDDLEBURG, FL 32068

Title: T () Delete
Name: DOWNARD, BOB
Address: 478 ARTHUR MOORE DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VPD () Delete
Name: CHARLES WHITTIER
Address: 2906 BLACK CREEK DR
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JERRY LANKFORD

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date