## **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT #733918**

1. Entity Name NEW BEGINNINGS CHRISTIAN CHURCH OF NORTH



**FILED** Jan 22, 2007 8:00 am Secretary of State

01-22-2007 90098 043 \*\*\*\*61.25

(863) 816-7769 Daytme Phone #

1/19/07

LAKELAND, INC.												
7726 CANTERBURY CIRCLE 77			ailing Address 726 CANTERBURY CIRCLE AKELAND, FL 33810									
Principal Place of Business - No P.O. Box #												
							/ (akiii 188a)	1 111EE 11110 (BIB) (1EE)	144 6150 6150 516	II 61011 B161 B16	*****	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					01082007	Chg-NP	CR2E03	37 (12/06)		
City & State	е	City & State					4. FEI Numbe 59-1720			<del></del>	oplied For ot Applicable	
Zip	Country	Zij	Zip Cou		ntry	5. Certificate of Status Desired			, <u> </u>	\$8.75 Additional Fee Required		
	6. Name and Address of Current	Register	od Agent		******		7. Name and	Address of Nev	Registered /	Agent		
HARTMAN, CARL D					Name							
7726 CANTERBURY CIRCLE LAKELAND, FL 33810					Street Address (P.O. Box Number is Not Acceptable)							
				-	City	· · · · · · · · · · · · · · · · · · ·			FL	Zip Cod	e	
			· · · · · · · · · · · · · · · · · · ·									
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. 4 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 renstating)												
Filing Fee Is \$61.25 Due by May 1, 2007			Election Campaign Financing     Trust Fund Contribution.				\$5.00 May B Added to Fees		Make checi lorida Depar			
10.	OFFICERS AND D	RECTORS	CTORS 11.			Al	DDITIONS/CH/	ANGES TO OFFI	CERS AND DI	RECTORS IN	110	
TITLE	PD	₩ Delete							Change	Addition		
NAME	· ·				:							
STREET ADDRESS	8200 JEWEL LANE		STREET ADORESS : City-St-Zip							1		
CITY-ST-ZIP				+								
TITLE NAME	T HADTMANN DADIENE	Delete	Delete TITLE NAME						☐ Change	☐ Addition		
STREET ADORESS	HARTMANN, DARLENE 7726 CANTERBURY CIRCLE				T ADDRESS							
CITY-ST-ZIP				спү-	ST-ZIP							
TITLE	VD Delete			TITLE		,				Change	☐ Addition	
NAME	HELM, AARON			NAME	.							
STREET ADDRESS	14013 ROCK RIDGE ROAD			T ADDRESS								
CITY-ST-ZIP	LAKELAND, FL 33809				ST-ZIP							
TITLE	D CON CHESTER		🔀 Delete	TITLE						☐ Change	☐ Addition	
NAME STREET ADDRESS	TRULOCK, CHESTER 307 BRIM ROAD			NAME	T ADDRESS							
CITY-ST-ZIP	AUBURNDALE, FL 33823				ST-ZIP							
TITLE	D		☐ Oelete	TITLE			<del></del>	<del></del>		Change	Addition	
NAME	BUCKNER, DAVID		CI Valence	NAME						<b>.</b>		
STREET ADDRESS	929 SOUTH BUENA VISTA DRI	VE		STREE	T ADDRESS							
CITY-ST-ZIP	LAKE ALFRED, FL 33850			спү-	ST-ZIP		·····					
TITLE	D Delete		TITLE		Pos	· _	_		Change	☐ Addition		
NAME	• •			NAME		HA 27/	MANN, DA	.ve .ou Coorre				
STREET ADORESS							LAND, FL	JAY CIRCLE				
CITY-ST-ZIP											fa	
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 chapter 0, or on an attachment with an address, with all other like empowered.												

SIGNATURE AND TYPED OR PRINTED NAME OF BIOMING OFFICER OR DIRECTOR