

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

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90014 036 \*\*\*\*70.00

**DOCUMENT # 753059**

1. Entity Name  
**NEW BEGINNINGS CHRISTIAN CHURCH, INC.**



Principal Place of Business  
**4100 S. MANHATTAN AVE.  
TAMPA, FL 33611**

Mailing Address  
**4100 S. MANHATTAN AVE.  
TAMPA, FL 33611**

**DO NOT WRITE IN THIS SPACE**



02162006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-6523848**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**WENTZEL, SHIRLEY  
4100 S. MANHATTAN AVE.  
TAMPA, FL 33611**

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

(NOTE: Registered Agent signature required when reinstating)

DATE 3/14/06

**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	D INGRAM, DAVID 4100 S. MANHATTAN AVE. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEAL, NELSON 4100 S. MANHATTAN AVE. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STORY, HAROLD 4100 S. MANHATTAN AVE. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOSTWICK, MARTHA 4100 S. MANHATTAN AVE. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DRENT, SHIRLEY 4100 S. MANHATTAN AVE. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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:**

*Harold F. Story* **Harold F. Story Trustee**

Date

Daytime Phone #

3-15-06 813-253-3227