


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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| DOCUMENT # 753059 1. Entity Name NEW BEGINNINGS CHRISTIAN CHURCH, INC. |  |
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| Principal Place of Business 4100 S. MANHATTAN AVE. TAMPA, FL 33611 | Mailing Address 4100 S. MANHATTAN AVE. TAMPA, FL 33611 |
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04222008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 59-6523848 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

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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 Shirley Wentzel Office Mgr. DATE 4/23/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000927289 05/20/08-80101-005 61.25 |
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10. OFFICERS AND DIRECTORS

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| 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 DRENTH, SHIRLEY 4100 S. MANHATTAN AVE. TAMPA, FL 33611 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 Story Trustee DATE 4/24/08 813 832-3451

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