

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002345

FILED
Apr 29, 2005
Secretary of State

Entity Name: NEW BEGINNINGS CHURCH OF FREEPORT, INC.

Current Principal Place of Business:

1564 STATE HWY 20 WEST
FREEPORT, FL 32439

New Principal Place of Business:

Current Mailing Address:

P O BOX 1022
FREEPORT, FL 32439

New Mailing Address:

FEI Number: 52-2189228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, MELISSA
33 GARRETT LANE
FREEPORT, FL 32439 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: D () Delete
Name: BLYTHE, TERRY
Address: 246 ALAQUA TERR RD.
City-St-Zip: FREEPORT, FL 32439

Title: D () Delete
Name: PERRY, JAMES
Address: 83 INDIAN BAY DR
City-St-Zip: FREEPORT, FL 32439

Title: D () Delete
Name: RUTHERFORD, RODNEY
Address: 59 ALLEY ST
City-St-Zip: NICEVILLE, FL 32578

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DIANA S REYNOLDS

CPA

04/29/2005

Electronic Signature of Signing Officer or Director

Date