2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002345

Address:

City-St-Zip:

FILED Mar 05, 2008 Secretary of State

Entity Name: NEW BEGINNINGS CHURCH OF FREEPORT, INC.

Current Principal Place of Business: New Principal Place of Business: 1564 STATE HWY 20 WEST FREEPORT, FL 32439 **Current Mailing Address: New Mailing Address:** P O BOX 1022 FREEPORT, FL 32439 FEI Number: 52-2189228 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMAS, MELISSA HEFNER, LUNELL S/T 33 GARRETT LANE 210 HILLIGOSS LANE FREEPORT, FL 32439 US US FREEPORT, FL 32439 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: LUNELL HEFNER 03/05/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BLYTHE, TERRY BECKTEL, RICHARD Name: Name: 246 ALAQUA TERR RD. Address: 15 PERSIMMON ST. Address: City-St-Zip: FREEPORT, FL 32439 City-St-Zip: NICEVILLE, FL 32578 Title: () Delete Title: (X) Change () Addition THOMAS, STEVE Name: ALBEE, DENNY Name: Address: 33 GARRETT LANE Address: 40 BLACK JACK DR. City-St-Zip: FREEPORT, FL 32439 City-St-Zip: FREEPORT, FL 32439 Title: () Delete Title: () Change () Addition MESSER, DON Name: Name: Address: 334 CITE C-6 ROAD Address: City-St-Zip: FREEPORT, FL 32439 City-St-Zip: (X) Change () Addition Title: () Delete Title: Name: HOLMES, ADAM Name: HOLMES, ADAM 460 NORTH JACKSON STREET Address: Address: 498 CASWELL RD City-St-Zip: FREEPORT, FL 32439 City-St-Zip: DE FUNIAK SPRINGS, FL 32433 Title: () Delete Title: () Change (X) Addition FARRIS, EDDIE Name: Name:

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.

Address:

City-St-Zip:

790 C 83A WEST

FREEPORT, FL 32439

SIGNATURE: RICHARD BECKTEL D 03/05/2008