2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000003103

1. Entity Name

NEW BEGINNINGS HOUSE OF WORSHIP MINISTRIES, INC.

Principal Place of Business	Mailing Address
1694 E NORMANDY BLVD DELTONA FL 32725	1694 E NORMANDY BLVD DELTONA FL 32725

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-3652873 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS, TRUEMILLER
1694 E NORMANDY BLVD
DELTONA FL 32725

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PCM	☐ Delete
NAME	THOMAS, TRUEMILLER	
STREET ADDRESS	1694 E NORMANDY BLVD	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	VD	☐ Delete
NAME	THOMAS, FRANK A	
STREET ADDRESS	1694 E NORMANDY BLVD	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	TD	☐ Delete
NAME	DOUYON, MICHELLE D	
STREET ADDRESS	1694 E. NORMANCY BLVD.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	T	☐ Delete
NAME	GLANTON, SARAH	
STREET ADDRESS	1694 E. NORMANDY BLVD.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME	U00000433637 02/24/06-80025-019 61.25	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Truemiller Thomas (Truemiller Thomas) 2/8/06 (386) 860-1270