

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003103

FILED
Mar 06, 2009
Secretary of State

Entity Name: NEW BEGINNINGS HOUSE OF WORSHIP MINISTRIES, INC.

Current Principal Place of Business:

1694 E NORMANDY BLVD
DELTONA, FL 32725

New Principal Place of Business:

980 LAKE SHORE DR.
CRAFT BLDG.
DELTONA, FL 32725

Current Mailing Address:

1694 E NORMANDY BLVD
DELTONA, FL 32725

New Mailing Address:

FEI Number: 59-3652873 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

THOMAS, TRUEMILLER
1694 E NORMANDY BLVD
DELTONA, FL 32725 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: PCM () Delete
Name: THOMAS, TRUEMILLER
Address: 1694 E NORMANDY BLVD
City-St-Zip: DELTONA, FL 32725

Title: VD () Delete
Name: THOMAS, FRANK A
Address: 1694 E NORMANDY BLVD
City-St-Zip: DELTONA, FL 32725

Title: TD () Delete
Name: DOUYON, MICHELLE D
Address: 1694 E. NORMANCY BLVD.
City-St-Zip: DELTONA, FL 32725

Title: T () Delete
Name: GLANTON, SARAH
Address: 1694 E. NORMANDY BLVD.
City-St-Zip: DELTONA, FL 32725

Title: S () Delete
Name: MEEKS, LIZZIE
Address: 1694 E. NORNANDY BLVD.
City-St-Zip: DELTONA, FL 32725

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:

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 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.

SIGNATURE: TRUEMILLER THOMAS

PCM

03/06/2009

Electronic Signature of Signing Officer or Director

Date