


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000003971	
1. Entity Name NEW BEGINNINGS SANCTUARY OF PRAISE CHURCH, INC.	

Principal Place of Business 100 NW BEAL PKWY FORT WALTON BEACH, FL 32547 US	Mailing Address P.O. BOX 714 SHALIMAR, FL 32579
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04162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3649768	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 GOODWIN, ALEX 79 SCHOONER LANE SHALIMAR, FL 32579
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD GOODWIN, ALEX 79 SCHOONER LANE SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD GOODWIN, OLLIE 79 SCHOONER LANE SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBINSON, MERCEDES 434 SANDY RIDGE CIR MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

05/05/08-80016-007 61.25

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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:  **15 Apr 08** **(850) 651-5633**

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