

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003971

FILED
May 06, 2009
Secretary of State

Entity Name: NEW BEGINNINGS SANCTUARY OF PRAISE CHURCH, INC.

Current Principal Place of Business:

100 NW BEAL PKWY
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

124 DOODLE AVE
FORT WALTON BEACH, FL 32547 US

Current Mailing Address:

P.O. BOX 714
SHALIMAR, FL 32579

New Mailing Address:

FEI Number: 59-3649768 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GOODWIN, ALEX
79 SCHOONER LANE
SHALIMAR, FL 32579 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: PPD () Delete
Name: GOODWIN, ALEX
Address: 79 SCHOONER LANE
City-St-Zip: SHALIMAR, FL 32579

Title: VPTD () Delete
Name: GOODWIN, OLLIE
Address: 79 SCHOONER LANE
City-St-Zip: SHALIMAR, FL 32579

Title: SD () Delete
Name: ROBINSON, MERCEDES
Address: 434 SANDY RIDGE CIR
City-St-Zip: MARY ESTHER, FL 32569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPTD (X) Change () Addition
Name: GOODWIN, OLLIE M
Address: 79 SCHOONER LANE
City-St-Zip: SHALIMAR, FL 32579

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: PASTOR ALEX GOODWIN

PPD

05/06/2009

Electronic Signature of Signing Officer or Director

Date