


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000005159	
1. Entity Name NEW BEGINNING CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.	

Principal Place of Business 10251 S.W. 20TH COURT MIRAMAR, FL 33025	Mailing Address PO BOX 552339 OPA LOCKA, FL 33055
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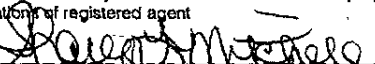
04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1025526	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MITCHELL, SHARON 10251 SW 20TH CT. MIRAMAR, FL 33025

**DO NOT WRITE
IN THIS SPACE**

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 obligation of registered agent	
SIGNATURE 	DATE 4-26-2005

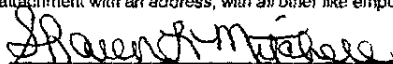
**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHELL, SHARON 10251 SW 20TH CT. MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COX, ANJANET 3442 NW 194TH TERR. MIAMI, FL 33058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILCOX, WILLIE 1360 COLLINS AVE. MIAMI BCH, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, CHRISTOPHER 10251 SW 20TH CT. MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000341140
04/29/05-80003-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 	DATE 4-26-05 905-836-1328