

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2006 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



04212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-1025526  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

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 obligations of registered agent.

SIGNATURE: *Sharon Mitchell*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

0424-06

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MITCHELL, SHARON
STREET ADDRESS	10251 SW 20TH CT.
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	SD
NAME	COX, ANJANET
STREET ADDRESS	3442 NW 194TH TERR.
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	D
NAME	WILCOX, WILLIE
STREET ADDRESS	1360 COLLINS AVE.
CITY-ST-ZIP	MIAMI BCH, FL 33055
TITLE	D
NAME	COLEMAN, CHRISTOPHER
STREET ADDRESS	10251 SW 20TH CT.
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000538194  
05/09/06-80048-004 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:

*Sharon Mitchell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0424-06

Date

954-447-8668

Daytime Phone #