


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

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| DOCUMENT # N00000005159 1. Entity Name NEW BEGINNING CHRISTIAN METHODIST EPISCOPAL CHURCH, INC. |  |
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| 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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DO NOT WRITE IN THIS SPACE



04112007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 65-1025526 | 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

**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:  DATE: **4-15-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$61.25 Due by May 1, 2007 | 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

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|--|---|
| 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 33056 |
| 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 | |

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IN THIS SPACE**

U000000724565
05/02/07-80115-021 61.25

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:  DATE: **4-15-07** 305-336-5378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR