

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005159

FILED
Apr 30, 2009
Secretary of State

Entity Name: NEW BEGINNING CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.

Current Principal Place of Business:

10251 S.W. 20TH COURT
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

PO BOX 552339
OPA LOCKA, FL 33055

New Mailing Address:

FEI Number: 65-1025526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, SHARON
10251 SW 20TH CT.
MIRAMAR, FL 33025 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: PD () Delete
Name: MITCHELL, SHARON
Address: 10251 SW 20TH CT.
City-St-Zip: MIRAMAR, FL 33025

Title: SD () Delete
Name: COX, ANJANET
Address: 3442 NW 194TH TERR.
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: WILCOX, WILLIE
Address: 1360 COLLINS AVE.
City-St-Zip: MIAMI BCH, FL 33055

Title: D () Delete
Name: COLEMAN, CHRISTOPHER
Address: 10251 SW 20TH CT.
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: SHARON MITCHELL

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date