

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

[illegible]

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |         |  |                                                                                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------|--|--------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N00000005230</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |         |  |                             |  |
| 1. Entity Name<br><b>NEW BEGINNING HOLINESS CHURCH, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |         |  | 04-28-2004 90302 011 ***61.25                                                                                |  |
| Principal Place of Business<br>6300 HATCHER RD.<br>LAKELAND, FL 33811                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |         |  | Mailing Address<br>6300 HATCHER RD.<br>LAKELAND, FL 33811                                                    |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |         |  | 3. Mailing Address                                                                                           |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |         |  | Suite, Apt. #, etc.                                                                                          |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |         |  | City & State                                                                                                 |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Country |  | Zip                                                                                                          |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Country |  | Country                                                                                                      |  |
| 4. FEI Number<br><b>59-3662118</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |         |  | Applied For<br><input type="checkbox"/> Not Applicable                                                       |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |         |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                     |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |         |  | 7. Name and Address of New Registered Agent                                                                  |  |
| BAGGETT, TIMOTHY<br>6314 HATCHER ROAD<br>LAKELAND, FL 33811                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |         |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code                            |  |
| 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 <u>Timothy E Baggett</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |         |  | DATE <u>04/16/04</u>                                                                                         |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |         |  | DATE                                                                                                         |  |
| Filing Fee is \$61.25 Due by May 1, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |         |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                               |  |
| D BAGGETT, SR., TIMOTHY E <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |         |  | D BAGGETT, SR., TIMOTHY E <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| 6314 HATCHER ROAD<br>LAKELAND, FL 33811                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |         |  | 6314 HATCHER ROAD<br>LAKELAND, FL 33811                                                                      |  |
| D BOYETTE, JOHNNY <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |         |  | D BOYETTE, JOHNNY <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| PO BOX 316<br>BRADLEY, FL 33835                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |         |  | PO BOX 316<br>BRADLEY, FL 33835                                                                              |  |
| D MASON, LESLIE <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |         |  | D MASON, LESLIE <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| 1406 NORTH GALLOWAY ROAD<br>LAKELAND, FL 33810                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |         |  | 1406 NORTH GALLOWAY ROAD<br>LAKELAND, FL 33810                                                               |  |
| D PRIDGEN, RUSSELL <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |         |  | D PRIDGEN, RUSSELL <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |  |
| 3420 ESPO DRIVE<br>MULBERRY, FL 33860                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |         |  | 3420 ESPO DRIVE<br>MULBERRY, FL 33860                                                                        |  |
| D FAULKNER, RONNIE G <input checked="" type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |         |  | D FAULKNER, RONNIE G <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |  |
| 5325 SHEPHERD ROAD<br>LAKELAND, FL 33811                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |         |  | 5325 SHEPHERD ROAD<br>LAKELAND, FL 33811                                                                     |  |
| D <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |         |  | D <input type="checkbox"/> Change <input type="checkbox"/> Addition                                          |  |
| STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |         |  | STREET ADDRESS<br>CITY-ST-ZIP                                                                                |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Timothy E Baggett</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |         |  | Timothy E Baggett 04/16/04 863-559-0079                                                                      |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |         |  | Date Daytime Phone #                                                                                         |  |