2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jul 16, 2004 8:00 am **Secretary of State DOCUMENT # N00000006778** 07-16-2004 90008 046 ****61.25 NEW BEGINNINGS CHRISTIAN FELLOWSHIP, INC. Principal Place of Business Mailing Address 54062705 1500 BROADWAY 1500 BROADWAY RIVIERA BEACH, FL 33404 US RIVIERA BEACH, FL 33404 US 2. Principal Place of Business 3. Mailing Address 2420 East Tamurind 420 EGS Suite, Apt. #, etc. Suite, Apt. #, etc. 07132004 CR2E037 (10/03) Applied For City & State 4. FEI Numbe 65-1028780 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCNEECE, SAMUEL L. 1500 BROADWAY Street Address (P.O. Box Number is Not Acceptable) RIVIERA BEACH, FL 33404 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due by September 8, 2004 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change Addition MCNEECE, SAMUEL NAME STREET ADDRESS 408 CAROLINE DRIVE STREET ADDRESS WEST PALM BEACH, FL 33413 CITY+ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition MCNEECE, YOLANDA NAME STREET ADDRESS **408 CAROLINE DRIVE** STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33413 CITY-51-7IP TITI F Delete TITLE П Спалов Addition COOPER, VESCOE 570 WEST 35TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH, FL 33404 CITY-ST-7P DI TOTAL ☐ Addition TITLE Change Delete TITLE CORLEY, SHERONDA **1374 13TH STREET** STREET ADORESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP TUTLE Delete ☐ Addition TITLE ☐ Change COOPER, SABRENA NAME MAME STREET ADORESS 570 WEST 35TH STREET STREET ADORESS CITY-ST-ZIP RIVIERA BEACH, FL 33404 CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITLE ■ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 suppligmental 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 any address, with all other like empowered.

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED