2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005
Secretary of State

DOCUMENT# N00000006778

Entity Name: NEW BEGINNINGS CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business:

2420 EAST TAMIARIND AVE
B
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

2420 EAST TAMIARIND AVE
B
WEST PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: 65-1028780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCNEECE, SAMUEL L
2420 EAST TAMARIND AVE B
WEST PALM BEACH, FL 33407 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: D ( ) Delete
Name: MCNEECE, SAMUEL
Address: 408 CAROLINE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33413

Title: D ( ) Delete
Name: MCNEECE, YOLANDA
Address: 408 CAROLINE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33413

Title: D ( ) Delete
Name: COOPER, VESCOE
Address: 570 WEST 35TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: DT ( ) Delete
Name: CORLEY, SHERONDA
Address: 1374 13TH STREET
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DS ( ) Delete
Name: COOPER, SABRENA
Address: 570 WEST 35TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SABRENA COOPER DS 01/13/2005

Electronic Signature of Signing Officer or Director — Date