

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000007712

1. Entity Name
**NEW BEGINNINGS BAPTIST CHURCH OF CENTRAL
FLORIDA, INC.**



Principal Place of Business
**2000 BULLDOG LANE
SAINT CLOUD, FL 34769**

Mailing Address
**PO BOX 700205
ST CLOUD, FL 34770**



03082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3681698

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BEAL, DAVID
2960 FRONTIER DRIVE
KISSIMMEE, FL 34744**

**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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BEAL, DAVID
404 CART COURT
KISSIMMEE, FL 34759**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NEAL, MICHAEL
4613 LAKE TRUDY DRIVE
ST CLOUD, FL 34769**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JAMES, SUSAN
3429 HAWKIN DR.
KISSIMMEE, FL 34746**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000467960
03/24/06-80013-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Neal **MICHAEL NEAL**

3/8/06 **407-957-914**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #