


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000007712 1. Entity Name NEW BEGINNINGS BAPTIST CHURCH OF CENTRAL FLORIDA, INC.	
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Principal Place of Business 2000 BULLDOG LANE SAINT CLOUD, FL 34769	Mailing Address PO BOX 700205 ST CLOUD, FL 34770
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DO NOT WRITE IN THIS SPACE



03252007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3681698	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

**DO NOT WRITE
IN THIS SPACE**

U00000687501
04/10/07-80040-020 61.25

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

SIGNATURE: David Beal Michael Neal 3/25/07 407-957-4144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #