2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001268

FILED Apr 07, 2004 Secretary of State

Entity Name: THE NEW BEGINNING CHRISTIAN FELLOWSHIP ASSEMBLY, INC.

Current Principal Place of Business: New Principal Place of Business: 601 ESTES RD JACKSONVILLE, FL 32208 **Current Mailing Address: New Mailing Address:** 601 ESTES RD JACKSONVILLE, FL 32208 FEI Number: 59-3571580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MONROE, BETTY L MONROE, BETTY L PASTOR 601 ESTES RD 601 ESTES RD JACKSONVILLE, FL 32208 JACKSONVILLE, FL 32208 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: PASTOR BETTY MONROE 04/07/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PVST** () Delete () Change () Addition MONROE, BETTY L Name: Name: 601 ESTES RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MONROE, MELISSA Name: Address: 601 ESTES RD Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: Title: () Delete Title: (X) Change () Addition GREY, MARIE Name: GRAY, MARIE Name: Address: 601 ESTES RD Address: 601 ESTES RD City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: JACKSONVILLE, FL 32208 Title: () Delete Title: () Change () Addition Name: SIMMONS, TA'BRISHA Name: Address: 601 ESTES RD Address: City-St-Zip: JACKSONVILLE, FL 32208 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: MELISSA MONROE D 04/07/2004