

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001268

FILED
Apr 23, 2007
Secretary of State

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

Current Principal Place of Business:

5026 PLYMOUTH STREET
SUITES 3/4
JACKSONVILLE, FL 32205

New Principal Place of Business:

5028 PLYMOUTH STREET
SUITES 4
JACKSONVILLE, FL 32205

Current Mailing Address:

601 ESTES RD
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-3571580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MONROE, BETTY L PASTOR
601 ESTES RD
JACKSONVILLE, FL 32208 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: PVST () Delete
Name: MONROE, BETTY L
Address: 601 ESTES RD
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: MONROE, MELISSA
Address: 1031 LA MARCHE DRIVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: RAY, SABRINA
Address: 8000 RAILROAD STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: SIMMONS, TA'BRISHA
Address: 601 ESTES RD
City-St-Zip: JACKSONVILLE, FL 32208

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BETTY L. MONROE

PVST

04/23/2007

Electronic Signature of Signing Officer or Director

Date