

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001504

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** NEW BEGINNINGS COMMUNITY EMPOWERMENT CENTER, INC.

**Current Principal Place of Business:**

1845 NW 38TH AVE  
LAUDERHILL, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

1845 NW 38TH AVE  
LAUDERHILL, FL 33319

**New Mailing Address:**

**FEI Number:** 65-1083830

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUPONT, MICHAEL  
1845 NW 38TH AVE  
LAUDERHILL, FL 33319 US

**Name and Address of New Registered Agent:**

DUPONT, VERNA  
1845 NW 38TH AVE  
LAUDERHILL, FL 33319 US

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: VERNA DUPONT

04/30/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DUPONT, JOAN B  
Address: 120 N KEY STREET  
City-St-Zip: QUINCY, FL 32351

Title: TD ( ) Delete  
Name: MURROW, RUBY  
Address: P.O. BOX 10244  
City-St-Zip: RIVERA BEACH, FL

Title: D ( ) Delete  
Name: BOWMAN, CATHERINE  
Address: 1001 NW 43 STREET  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: DUPONT, MICHAEL  
Address: 12450 NW 52 CT  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: P ( ) Delete  
Name: DUPONT, VERNA  
Address: 12450 NW 52 CT  
City-St-Zip: CORAL SPRINGS, FL 33076

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SNEED, SARIA  
Address: 4918 CYPRESS WAY  
City-St-Zip: COCONUT CREEK, FL 33373

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

Title: D (X) Change ( ) Addition  
Name: BELL, ELIJAH  
Address: 4561 WEST MCNAB RD  
City-St-Zip: POMPANO BEACH, FL 33069

Title: D (X) Change ( ) Addition  
Name: SNEED, DARON  
Address: 4918 CYPRESS WAY  
City-St-Zip: COCONUT CREEK, FL 33373

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

I hereby certify that the information supplied with this filing does not qualify 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: SNEED SARIA

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date