


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000006973	
1. Entity Name NEW BEGINNING MINISTRY CHURCH OF GOD IN CHRIST, INC.	

Principal Place of Business 4105 65TH STREET VERO BEACH, FL 32976	Mailing Address POST OFFICE BOX 700687 WABASSO, FL 32970-0687
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02162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 65-0978162	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

**ALEXANDER, LEE E
501 OXFORD AVENUE
MERRITT ISLAND, FL 32953**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	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 ALEXANDER, LEE E 501 OXFORD AVENUE MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUSSEY, PRESTON JR. 499 ROOSEVELT AVENUE MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEAKE, WILLIE M 344 8TH AVENUE S.W. VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PITTMAN, EUGENE SR. 3980 47TH PLACE VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WYNN, LAMAR 4056 46TH STREET VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLOWERS, YOLANDA POST OFFICE BOX 573 WABASSO, FL 32970

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03/01/05-80014-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Yolanda Flowers 2/20/05 (772) 589-0863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

YOLANDA FLOWERS