


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000006973 1. Entity Name NEW BEGINNING MINISTRY CHURCH OF GOD IN CHRIST, INC.	
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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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01032008 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI 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

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐ **\$5.00 May Be
Added to Fees**

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 32987
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYNN, LAMAR 4056 46TH STREET VERO BEACH, FL 32987
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOWERS, YOLANDA POST OFFICE BOX 573 WABASSO, FL 32970

U00000409836 02/09/06-80012-015 61.25 DO NOT WRITE IN THIS SPACE

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: Yolanda Flowers Yolanda Flowers 1/23/06 (722) 913-0075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #