


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 A
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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DO NOT WRITE IN THIS SPACE



02182008 No Chg-NP CR2E037 (4/06)

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 reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2008	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	D
NAME	ALEXANDER, LEE E
STREET ADDRESS	501 OXFORD AVENUE
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	BUSSEY, PRESTON JR.
STREET ADDRESS	499 ROOSEVELT AVENUE
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	LEAKE, WILLIE M
STREET ADDRESS	344 8TH AVENUE S.W.
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	D
NAME	PITTMAN, EUGENE SR.
STREET ADDRESS	3980 47TH PLACE
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	D
NAME	WYNN, LAMAR
STREET ADDRESS	4056 46TH STREET
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	D
NAME	FLOWERS, YOLANDA
STREET ADDRESS	POST OFFICE BOX 573
CITY-ST-ZIP	WABASSO, FL 32970

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03/20/08-80019-004 61.25

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 **3/2/08(772)299-6009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #