


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90061 039 ****61.25

DOCUMENT # N02000001162			
1. Entity Name NEW BEGINNINGS BAPTIST CHURCH A FULL GOSPEL MINISTRY, INC.			
Principal Place of Business 2324 SHERRINGTON ST JACKSONVILLE FL 32209		Mailing Address 2324 SHERRINGTON ST JACKSONVILLE FL 32209	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent KENNEDY, JOHN E 2324 SHERRINGTON ST JACKSONVILLE FL 32209		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	P <input type="checkbox"/> Delete KENNEDY, JOHN E PASTOR	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2324 SHERRINGTON ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	CITY-ST-ZIP	
TITLE NAME	V <input type="checkbox"/> Delete KENNEDY, MARY	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2324 SHERRINGTON ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	CITY-ST-ZIP	
TITLE NAME	D <input type="checkbox"/> Delete TURNER, GEORGE	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1518 W 2 STREET	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	CITY-ST-ZIP	
TITLE NAME	D <input type="checkbox"/> Delete FORDHAM, JOHN	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3132 COLUMBUS AVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32254	CITY-ST-ZIP	
TITLE NAME	D <input type="checkbox"/> Delete MARTIN, LENORA	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	207 W 21 ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32206	CITY-ST-ZIP	
TITLE NAME	D <input type="checkbox"/> Delete MARTIN, LOTONYA	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	207 W 21 ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32206	CITY-ST-ZIP	

J1001000



MOORE CR2E037 (11/03)

4. FEI Number **59-3651065** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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: *John Kennedy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-04 (904)356-8821

Date Daytime Phone #