

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

4. FEI Number

59-3651065

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	P KENNEDY, JOHN E PASTOR	<input type="checkbox"/> Delete
STREET ADDRESS	2324 SHERRINGTON ST	
CITY - ST - ZIP	JACKSONVILLE FL 32209	
TITLE NAME	V KENNEDY, MARY	<input type="checkbox"/> Delete
STREET ADDRESS	2324 SHERRINGTON ST	
CITY - ST - ZIP	JACKSONVILLE FL 32209	
TITLE NAME	D TURNER, GEORGE	<input type="checkbox"/> Delete
STREET ADDRESS	1518 W 2 STREET	
CITY - ST - ZIP	JACKSONVILLE FL 32209	
TITLE NAME	D FORDHAM, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	3132 COLUMBUS AVE	
CITY - ST - ZIP	JACKSONVILLE FL 32254	
TITLE NAME	D MARTIN, LENORA	<input type="checkbox"/> Delete
STREET ADDRESS	207 W 21 ST	
CITY - ST - ZIP	JACKSONVILLE FL 32206	
TITLE NAME	D MARTIN, LOTONYA	<input type="checkbox"/> Delete
STREET ADDRESS	207 W 21 ST	
CITY - ST - ZIP	JACKSONVILLE FL 32206	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-26-04 (904)356-8821