


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000001269 1. Entity Name NEW BEGINNING CHRISTIAN FELLOWSHIP, INC.	
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Principal Place of Business P.O. BOX 1392 TAVARES, FL 32778	Mailing Address P.O. BOX 1392 TAVARES, FL 32778
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DO NOT WRITE IN THIS SPACE



01142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 03-0407684	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GOLUB, MICHAEL E
418 W. ALFRED STREET
STE 1
TAVARES, FL 32778

**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 reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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	DC HEDGE, ROBERT L 36312 BRENDENSHIRE CT GRAND ISLAND, FL 32735
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOGUE, JOHN 1697 BANNING BEACH RD TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FOX, CHARLES 221 OAKSHADE DR MOUNT DORA, FL 32757
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/21/05-80035-007 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert L. Hedge 01-18-2005 352/483-8162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROBERT L. HEDGE, CHAIRMAN