

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006203

**FILED**  
**Aug 05, 2004**  
**Secretary of State****Entity Name:** NEW BEGINNING HEALING MINISTRY, INC.**Current Principal Place of Business:**1354 N LAURA ST  
JACKSONVILLE, FL 32206**New Principal Place of Business:**5576 TIMUQUANA RD.  
#2  
JACKSONVILLE, FL 32210**Current Mailing Address:**5812 TAMPICO RD  
JACKSONVILLE, FL 32244**New Mailing Address:****FEI Number:** 59-3569644**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**TITUS/SEPHRONIA HUTCHINSON  
5812 TAMPICO RD  
JACKSONVILLE, FL 32244**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: AOF ( ) Delete  
Name: HUTCHINSON, TITUS L SR  
Address: 5812 TAMPICO RD  
City-St-Zip: JACKSONVILLE, FL 32244

Title: SPC ( ) Delete  
Name: HUTCHINSON, SAPHRONIA I  
Address: 5812 TAMPICO RD  
City-St-Zip: JACKSONVILLE, FL 32244

Title: P ( ) Delete  
Name: DOLES, CARL  
Address: 4625 CAPE ELIZABETH CT E  
City-St-Zip: JACKSONVILLE, FL 32277

Title: FS ( ) Delete  
Name: DOLES, JACKIE  
Address: 4625 CAPE ELIZABETH CT E  
City-St-Zip: JACKSONVILLE, FL 32277

Title: HD ( ) Delete  
Name: HUTCHINSON, DWAYNE  
Address: 3959 SERENO CT  
City-St-Zip: MIDDLEBURG, FL 32068

Title: P (X) Delete  
Name: HUTCHINSON, LATONYA  
Address: 3959 SERENO CT  
City-St-Zip: MIDDLEBURG, FL 32068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: HD (X) Change ( ) Addition  
Name: MILLER, WILLER  
Address: 1444 LENINGTON AVE.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: SEC (X) Change ( ) Addition  
Name: MILLER, CYNTHIA  
Address: 1444 LENINGTON AVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: PS (X) Change ( ) Addition  
Name: TRICE, LETITIA  
Address: 8062 SIERRA CT.  
City-St-Zip: JACKSONVILLE, FL 32244

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TITUS L HUTCHINSON SR.

OWNE

08/05/2004

Electronic Signature of Signing Officer or Director

Date