2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2007
Secretary of State

DOCUMENT# N02000006203

Entity Name: NEW BEGINNING HEALING MINISTRY, INC.

Current Principal Place of Business:

1351 LANE AVE. S.
#3
JACKSONVILLE, FL 32205

New Principal Place of Business:

10189 CARRIAGE HOUSE CT
JACKSONVILLE, FL 32221

Current Mailing Address:

10189 CARRIAGE HOUSE CT.
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: 59-3569644 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TITUS/SAPHRONIA HUTCHINSON
10189 CARRAIGE HOUSE CT.
JACKSONVILLE, FL 32221 US

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: P ( ) Delete
Name: HUTCHINSON, TITUS L C
Address: 10189 CARRAIGE HOUSE CT.
City-St-Zip: JACKSONVILLE, FL 32221

Title: T ( ) Delete
Name: HUTCHINSON, SAPHRONIA I P
Address: 10189 CARRAIGE HOUSE CT.
City-St-Zip: JACKSONVILLE, FL 32221

Title: V ( ) Delete
Name: PERRY, JULIUS P
Address: 2938 JUSTINA RD.
City-St-Zip: JACKSONVILLE, FL 32277

Title: S ( ) Delete
Name: TRICE, LETTIA S
Address: 8062 SIERRA CT.
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HUTCHINSON, TITUS L CEO
Address: 10189 CARRAIGE HOUSE CT.
City-St-Zip: JACKSONVILLE, FL 32221

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 HUTCHINSON SR. CEO 07/22/2007
Electronic Signature of Signing Officer or Director — Date