

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001984

FILED
Jan 25, 2005
Secretary of State

Entity Name: A NEW BEGINNING MINISTRY, INC.

Current Principal Place of Business:

14870 HORSESHOE TRACE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

14870 HORSESHOE TRACE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 55-0822058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGGINS, MICHAEL
14870 HORSESHOE TRACE
WELLINGTON, FL 33414 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: PD () Delete
Name: HUGGINS, MICHAEL
Address: 14870 HORSESHOE TRACE
City-St-Zip: WELLINGTON, FL 33414

Title: SD () Delete
Name: HUGGINS, SALLIE G
Address: 14870 HORSESHOE TRACE
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: MCGILL, JOHN
Address: 1326 6TH ST.
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: MCGILL, BARBARA
Address: 1326 6TH ST.
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: BROWN, MARY
Address: 4718 CAMBRIDGE ST.
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: MICHAEL N. HUGGINS

PAST

01/25/2005

Electronic Signature of Signing Officer or Director

Date