2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002210

Address:

City-St-Zip:

Entity Name: NEW DECININGS MINISTRY

FILED Jun 15, 2004 Secretary of State

Entity Na	me: NEW BEGINNINGS MINISTRY INC			
Current P	rincipal Place of Business:	New Principal Place of Business:	New Principal Place of Business:	
	27TH TERR ILLE, FL 32653			
Current N	lailing Address:	New Mailing Address:		
	27TH TERR ILLE, FL 32653			
FEI Number	: FEI Number Applied For (X)	FEI Number Not Applicable () Certificate of Sta	tus Desired()	
Name and	l Address of Current Registered Agent	t: Name and Address of New Registered	Agent:	
5729 NW :	D, LENNETTE J MS. 27TH TERR. ILLE, FL., FL 32653			
	e named entity submits this statement for t e of Florida.	the purpose of changing its registered office or registere	ed agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registered	Agent Date		
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete RESHARD, LENNETTE J 5729 NW 27TH TERR. GAINESVILLE, FL 32653	Title: () Change () Addition Name: Address: City-St-Zip:	on	
Title: Name: Address: City-St-Zip:	V () Delete RESHARD, ERROL W MR. 5729 NW 27TH TERR. GAINESVILLE, FL 32653	Title: () Change () Addition Name: Address: City-St-Zip:	on	
Title: Name: Address: City-St-Zip:	C () Delete ADAMS, JULIETTE 6019 NW 26TH ST. GAINESVILLE, FL 32653	Title: () Change () Addition Name: Address: City-St-Zip:	on	
Title: Name: Address: City-St-Zip:	T () Delete JONES, SONGA P 2509 NW 57TH PL. GAINESVILLE, FL 32653	Title: () Change () Addition Name: Address: City-St-Zip:	on	
Title:	() Delete	Title: D () Change (X) Addition	on	

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.

Address:

City-St-Zip:

SIGNATURE: LENNETTE RESHARD P 06/15/2004

1437 SOUTH WEST BETHLEHEM AVE.

FORT WHITE, FL 32038