2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N03000002210

Entity Name: NEW BEGINNINGS MINISTRY INC.

Current Principal Place of Business:

5003D NW 34TH STREET
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

5003D NW 34TH STREET
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 02-0578331 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RESHARD, LENNETTE J MS.
5729 NW 27TH TERR.
GAINESVILLE, FL., FL 32653 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: RESHARD, LENNETTE J
Address: 5729 NW 27TH TERR.
City-St-Zip: GAINESVILLE, FL 32653

Title: V ( ) Delete
Name: RESHARD, ERROL W MR.
Address: 5729 NW 27TH TERR.
City-St-Zip: GAINESVILLE, FL 32653

Title: C ( ) Delete
Name: ADAMS, JULIETTE
Address: 6019 NW 26TH ST.
City-St-Zip: GAINESVILLE, FL 32653

Title: T ( ) Delete
Name: JONES, SONGA P
Address: 2509 NW 57TH PL.
City-St-Zip: GAINESVILLE, FL 32653

Title: D ( ) Delete
Name: BROWN, ALVIN L
Address: 1437 SOUTH WEST BETHLEHEM AVE.
City-St-Zip: FORT WHITE, FL 32038

Title: B ( ) Delete
Name: RESHARD, LATOYA L
Address: 5729 NW 27TH TERR
City-St-Zip: GAINESVILLE, FL 32653

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:

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: LENNETTE RESHARD P 03/02/2009

Electronic Signature of Signing Officer or Director — Date