## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

## Apr 21, 2004 8:00 am Secretary of State DOCUMENT # N03000004172 1. Entity Name 04-21-2004 90068 018 \*\*\*\*61.25 NEW BEGINNING PENTECOSTAL MINISTRY, INC. Mailing Address Principal Place of Business P.O. BOX 10655 RIVIERA BEACH FL 33419 2421 AVENUE E **RIVIERA BEACH FL 33404** 14005352 Mailing Address D. BOX 2. Principal Place of Business 10655 Suite, Apt. #, etc. Suite, Apt. #, etc CR2E037 (11/03) MOORE City & State 4. FEI Number Applied For City & State VIERA viera Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MONTGOMERY, PASTOR TIANDRA D 1508 W. 9TH STREET **RIVIERA BEACH FL 33404** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Deacon TITLE ☐ Change TITLE ☐ Defete MONTGOMERY, TIANDRA D NAME 1508 WEST 9TH ST. STREET ADDRESS STREET ADDRESS RIVIERA BEACH FL 33404 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition MONTGOMERY, DAVID N SR. NAME 1508 WEST 9TH ST. STREET ADDRESS STREET ADDRESS RIVIERA BEACH FL 33404 CITY-ST-7IP CITY-ST-ZIP TITLE ☐.Delete TITLE Change \_\_ Addition\_ HAYWOOD, JOHNNY SR. NAME NAME 1901 37TH ST. STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33407 CITY-ST-ZIP CITY-ST-7IP TD ☐ Change ☐ Addition ☐ Delete TITLE TITLE CORVILLE, VANNETTE NAME NAME 817 DIVISION AVE. STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Channe ☐ Addition JACKSON, DEBBIE EVANG. NAME NAME 139 W. 28TH ST. STREET ADDRESS STREET ADDRESS RIVIERA BEACH FL 33404 CITY-ST-ZIP CITY-ST-7IP Addition Change TIT) F ☐ Delete TITLE HAYWOOD, ALICE MOTHER NAME NAME 1901 37TH ST. STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33407 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under eath; that I am an efficer 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**FILED**