N03000004172

(Requestor's Name)		
NEW BEGINNING PENTECOSTAL MINISTRY P.O. Box 10655 Riviera Beach, Florida 33419		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special instructions to Filing Officer:		





800023194268

09/26/03--01098--005 **35.00



NA chard 10/3/03

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flo	orida Statutes,
the undersigned corporation organized under the laws of the State of Florida.	
submits the following statement in order to change its registered office or registered age	nt, or both, in
the State of Florida.	T/ -
1. The name of the corporation: New Beginning Pentecostal	Ministry, Inc.
	<u>. </u>
2. The mailing address of the corporation: P.D. Box 10655	·
Riviera Brach, Fl. 33419	-
3. Date of incorporation/qualification: May 9, 2003 Document number: N	<u>3000004172</u>
4. The name and address of the current registered agent and registered office:	
Helen Gilliam	-
1961 W. 17+hc+, Apt 2	
Riviera Brach Fl. 33404 3	<u>.</u> 6
5. The name and address of the new registered agent (if changed) and /or registered office	(if changed):
(P.O. Box NOT Acceptable)	調は后
Mastor Tiandra D. Montgomery	30
1508 W. 9th Street	
Riviera Beach, Fl. 33404	6
The street address of its registered office and the street address of the business office of agent, as changed, will be identical.	its registered
Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board.	
March D. Montamenu 8/19/2	2
(Signature of an officer, chairman or vice chairman of the board) (Date)	. .
Trandra D. Montgomery (Printed or typed name and ville)	
Having been named as registered agent and to accept service of process for the above st corporation, I hereby accept the appointment as registered agent and agree to act in this I further agree to comply with the provisions of all statutes relative to the proper and coperformance of my duties, and I am familiar with and accept the obligation of my position registered agent.	ated s capacity. mplete on as
a legiste. D. Montagnis.	
(Signature of Registered Agent) (Date)	_
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	

* * * FILING FEE: \$35.00 * * *