2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004
Secretary of State

DOCUMENT# N03000004227

Entity Name: NEW BEGINNINGS MIRACLE AND DELIVERANCE CENTER, MULTICULTURAL MINISTRIES, INC.

Current Principal Place of Business:

2051 GRAND BLVD.
HOLIDAY, FL 34690

New Principal Place of Business:

6137 RIDGE RD
PORT RICHEY, FL 34668

Current Mailing Address:

2051 GRAND BLVD.
HOLIDAY, FL 34690

New Mailing Address:

6137 RIDGE RD
PORT RICHEY, FL 34668

FEI Number: 91-2198824 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HUNTLEY, REGINA
450 E. MORGAN ST.
APT. G
TARPON SPRINGS, FL 34690 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: JACKSON, JOYCE
Address: 7310 FOX HOLLOW DR.
City-St-Zip: PORT RICHEY, FL 34668

Title: VD ( ) Delete
Name: JACKSON, MARVIN
Address: 7310 FOX HOLLOW DR.
City-St-Zip: PORT RICHEY, FL 34668

Title: D ( ) Delete
Name: SANTIAGO, MARIA
Address: 621 EAST LAKE CLUB DR.
City-St-Zip: OLDSMAR, FL 34677

Title: TD ( ) Delete
Name: HUNTLEY, REGINA
Address: 450 E. MORGAN ST. APT. G
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JACKSON, JOYCE
Address: 5642 RONSON CT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VD (X) Change ( ) Addition
Name: JACKSON, MARVIN
Address: 5642 RONSON CT
City-St-Zip: NEW PORT RICHEY, FL 34655

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: JOYCE JACKSON PRES 09/08/2004

Electronic Signature of Signing Officer or Director — Date