## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000004227

FILED Aug 28, 2006 Secretary of State

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

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Current Principal Place of Business:		New Principal Place of Business:	
5808 CONGRESS ST NEW PORT RICHEY, FL 34655		4938 MOOG RD HOLIDAY, FL 34690	
Current Mailing Address:		New Mailing Address:	
P.O.BOX 1 NEW POR	1408 IT RICHEY, FL 34656		
In accordan	: 91-2198824 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did no Address of Current Registered Agent:	FEI Number Not Applicable() Certificate of Status Desired() ot receive the prior notice.  Name and Address of New Registered Agent:	
7525 VIEN	, JOYCE M NA LN :HEY, FL 34668 US		
	named entity submits this statement for the $\mbox{$\mu$}$ of Florida.	ourpose of changing its registered office or registered agent, or both,	
SIGNATU	RE:		
	Electronic Signature of Registered Age	ent Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () Delete JACKSON, JOYCE 7525 VIENNA LN. PORT RICHEY, FL 34668	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Fitle: Name: Address: City-St-Zip:	VD () Delete JACKSON, MARVIN 7525 VIENNA LN PORT RICHEY, FL 34668	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name:	D ( ) Delete BALLARD, DENISE 6604 LENIOR DR	Title: ( ) Change ( ) Addition Name: Address:	
Address: City-St-Zip:	PORT RICHEY, FL 34668	City-St-Zip:	
	PORT RICHEY, FL 34668  O () Delete KIZZIA, LILIAN 5327 MADISON AVE NEW PORT RICHEY, FL 34655	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 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: DEBORAH PARKER O 08/28/2006