

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004227

FILED
Apr 14, 2012
Secretary of State

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

Current Principal Place of Business:

403 S PINELLAS AVE.
TARPON SPRINGS, FL 34689

New Principal Place of Business:

711 S. SAFFORD AVE
TARPON SPRINGS, FL 34689

Current Mailing Address:

3220 PICCARD LOOP
NEW PORT RICHEY, FL 34655

New Mailing Address:

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

Name and Address of Current Registered Agent:

JACKSON, JOYCE M
3220 PICCARD LOOP
NEW PORT RICHEY, FL 34655 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
Name: JACKSON, JOYCE
Address: 3220 PICCARD LOOP
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VD
Name: JACKSON, MARVIN
Address: 3220 PICCARD LOOP
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D
Name: KIZZIA, LILIAN
Address: 5327 MADISON AVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: O
Name: SIMMS, DEBORAH
Address: 1420 NORMANDY BLVD
City-St-Zip: HOLIDAY, FL 34691

Title: O
Name: SIMMS, LARRY JR
Address: 1420 NORMANDY BLVD
City-St-Zip: HOLIDAY, FL 34691

I hereby 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 all other like empowered.

SIGNATURE: JOYCE M. JACKSON

P

04/14/2012

Electronic Signature of Signing Officer or Director

Date