2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005731

Entity Name: NEW BEGINNING "SOUL SAVING" MINISTRY, INC.

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4603 MARLBORO CIRCLE EAST
JACKSONVILLE, FL 322066136

5214 PEARL STREET
JACKSONVILLE, FL 32208

Current Mailing Address: New Mailing Address:

4603 MARLBORO CIRCLE EAST
JACKSONVILLE, FL 322066136

4603 MARLBORO CIRCLE EAST
JACKSONVILLE, FL 322066136 US

FEI Number: 65-1198510 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPAULDING, ALFRED PAUL BISHOP
4603 MARLBORO CIRCLE EAST
JACKSONVILLE, FL 322066136 US

SPAULDING, ALFRED P BISHOP
4603 MARLBORO CIRCLE EAST
JACKSONVILLE, FL 322066136 US

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: ALFRED SPAULDING 04/24/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD() DeleteTitle:PRES(X) Change () AdditionName:SPAULDING, PAUL A BISHOPName:SPAULDING, ALFRED P BISHOPAddress:4603 MARLBORO CIRCLE EASTAddress:4603 MARLBORO CIRCLE EASTCity-St-Zip:JACKSONVILLE, FL 322066136 DUCity-St-Zip:JACKSONVILLE, FL 322066136 US

Title: STD () Delete Title: SECT (X) Change () Addition Name: SPAULDING, AMANDA D SECT/TR Name: SPAULDING, AMANDA D SECT/TR Address: 4603 MARLBORO CIRCLE EAST Address: 4603 MARLBORO CIRCLE EAST

City-St-Zip: JACKSONVILLE, FL 322066136 DU City-St-Zip: JACKSONVILLE, FL 322066136 US

Title: VD () Delete Title: VP (X) Change () Addition

Name: WATTS DONNA VICEPRE

Name: THOMAS JANES VICEPRE

Name: WATTS, DONNA VICEPRE Name: THOMAS, JANE S VICEPRE
Address: 3005 WEST 12TH STREET Address: 4709 WEST CASTLEWOOD DRIVE
City-St-Zip: JACKSONVILLE, FL 32254 DU City-St-Zip: JACKSONVILLE, FL 32206 US

I hereby certify that the information supplied with this filing does not qualify 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: ALFRED SPAULDING PRES 04/24/2009