2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000007948

1. Entry Name
NEW BEGINNINGS HOLINESS CHURCH INC.

Principal Place of Business	Mailing Address
RT. 3 BOX 1016 STATE RD. 100 LAKE BUTLER, FL 32054	P.O.BOX 553 LAKE BUTLER, FL 32054

04022606 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FE Number
51-0481567

Applied For
No Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, SAMUEL A
802 SE 5TH AVE
LAKE BUTLER, FL 32054

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8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE _____ DATE

Filing Fee is $61.25
Due by: May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** Must Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	JACKSON, SAMUEL A PASTOR
STREET ADDRESS	802 SE 5TH AVE
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	D
NAME	JACKSON MARY R MIN.
STREET ADDRESS	802 SE 5TH AVE
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	D
NAME	JACKSON SHARON E SEC
STREET ADDRESS	710 SE 10TH ST
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/06-80105-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Samuel A. Jackson 4/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #