

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N03000007948

1. Entity Name
NEW BEGINNINGS HOLINESS CHURCH INC.



Principal Place of Business
**RT. 3 BOX 101G
STATE RD. 100
LAKE BUTLER, FL 32054**

Mailing Address
**P.O. BOX 553
LAKE BUTLER, FL 32054**



04172007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0481567

Applied For
Not 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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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JACKSON, SAMUEL A PASTOR
802 SE 5TH AVE
LAKE BUTLER, FL 32054**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JACKSON, MARY R MIN.
802 SE 5TH AVE
LAKE BUTLER, FL 32054**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JACKSON, SHARON E SEC.
710 SE 10TH ST
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

UD00000725394
05/03/07-80020-025 61.25

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IN THIS SPACE**

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07
Date

Daytime Phone #