


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000010222		
1. Entity Name NEW BEGINNINGS MULTI - CULTURAL CHURCH INC		
Principal Place of Business 2 WOODFORD LANE PALM COAST, FL 32165	Mailing Address 2 WOODFORD LANE PALM COAST, FL 32164	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CHERRY, PERI DIXON 2 WOOD FORD LANE PALM COAST, FL 32164		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHERRY, PERI 2 WOODFORD LANE PALM COAST, FL 32164	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHERRY, FREDERICK 2 WOODFORD LANE PALM COAST, FL 32164	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES GARNETTE, ANN 17 FALLON LANE PALM COAST, FL 32137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLER DOVE, TRACI L 1 BRADLEY PLACE PALM COAST, FL 32137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Peri S. Dixon Cherry</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/5/05</u> Daytime Phone # <u>386/586-7004</u>



04052005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	

U00000296202
04/09/05-80056-025 61.25

**DO NOT WRITE
IN THIS SPACE**