

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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
2. Principal Place of Business 604-3 E. HOODY BLVD Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1580 Suite, Apt. #, etc.
City & State BUNNELL, FL		City & State BUNNELL, FL
Zip 32110 Country U.S.		Zip 32110 Country U.S.
4. FEI Number NOT APPLICABLE		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		10302006 REIN-NP CR2E099 (11/05)
6. Name and Address of Current Registered Agent CHERRY, PERI DIXON 2 WOOD FORD LANE PALM COAST, FL 32164		7. Name and Address of New Registered Agent Name: PERI DIXON CHERRY Street Address (P.O. Box Number is Not Acceptable): 83 ZAUN TRAIL City: PALM COAST FL Zip Code: 32164
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: <u>Peri Dixon Cherry</u> 10/30/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		
TITLE P <input type="checkbox"/> Delete NAME CHERRY, PERI STREET ADDRESS 2 WOODFORD LANE CITY-ST-ZIP PALM COAST, FL 32164	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE V <input checked="" type="checkbox"/> Delete NAME CHERRY, FREDERICK STREET ADDRESS 2 WOODFORD LANE CITY-ST-ZIP PALM COAST, FL 32164	TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME CHERRY, PERI DIXON STREET ADDRESS 83 ZAUN TRAIL CITY-ST-ZIP PALM COAST, FL 32164	
TITLE TRES <input type="checkbox"/> Delete NAME GARNETTE, ANN STREET ADDRESS 17 FALLON LANE CITY-ST-ZIP PALM COAST, FL 32137	TITLE V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME TRACI DOVE STREET ADDRESS 83 ZAUN TRAIL CITY-ST-ZIP PALM COAST, FL 32164	
TITLE CLER <input checked="" type="checkbox"/> Delete NAME DOVE, TRACI L STREET ADDRESS 1 BRADLEY PLACE CITY-ST-ZIP PALM COAST, FL 32137	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 700081498027 STREET ADDRESS 11/03/06--01030--005 **70.00 CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME B 11/ce/04 STREET ADDRESS REINSTATEMENT CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>Peri Dixon Cherry</u> 10/30/06 386/437-2821 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

