



# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N03000011051</b> 1. Entity Name <b>THE NEW BEGINNING CHRISTIAN CENTER INC., PENSACOLA</b>						<b>FILED</b> <b>05 MAR 24 AM 8:14</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business 300 N RESUS ST PENSACOLA, FL 32501				Mailing Address 300 N RESUS ST PENSACOLA, FL 32501			
2. Principal Place of Business <i>SAME AS ABOVE</i>		3. Mailing Address <i>SAME</i>		 <b>REINSTATEMENT 04-05</b>			
Suite, Apt. #, etc. <i>101</i>		Suite, Apt. #, etc. <i>101</i>					
City & State <i>PENSACOLA, FL</i>		City & State <i>ESCAMBIA</i>					
Zip <i>32501</i>		Country <i>ESCAMBIA</i>		4. FEI Number <i>90-0117472</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
6. Name and Address of Current Registered Agent  <b>WRIGHT, RUTHIE</b> <b>3219 N 6TH AVE</b> <b>PENSACOLA, FL 32503</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 <i>Ruthie Wright</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<i>President</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<i>3-22-05</i> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$297.50</b>				<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>WRIGHT, RUTHIE</b> <b>3219 N 6TH AVE</b> <b>PENSACOLA, FL 32503</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100049736561</b> <b>04/04/05--01003--005 **70.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>ALBRITTON, WILLIE J</b> <b>670 CLEVELAND AVE</b> <b>PENSACOLA, FL 32514</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>12-28-04 01049 006 \$70.00</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>BRADLY, BARBERA L</b> <b>7537 WEAVER DR</b> <b>PENSACOLA, FL 32534</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>DAVIS, ROSEMARY</b> <b>2324 DR MARTIN LUTHER KING DR</b> <b>PENSACOLA, FL 32503</b> <input checked="" type="checkbox"/> Delete <i>DELETED</i>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>George Green</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3219 North 6th Ave</b> <b>PENSACOLA, FL 32501</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Ruthie Wright</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<i>3-22-05</i> <small>Date</small>			
				<i>850 436 2017</i> <small>Daytime Phone #</small>			

**THE NEW BEGINNING CHRISTIAN CENTER  
INC. PENSACOLA**

300 North Reus Street  
Phone (850)438-0504

Pensacola, Fl. 32501  
Elder Ruthie Wright  
Pastor

Fla. Department Of State  
Glenda E. Hood

The above name Church was heavily damaged during the hurricane Ivan we lost the roof on the Church and, one window was broken, the interior walls upstairs in the office and in the ladies restroom was damage also, two office chairs and five church pews was damages. we also lost carpet in the Church and a copy machine, paper supplies, paper back books, sunday school literature, office supplies and Bibles. We are reporting \$61.25 for tax. Doc #N03000011051

Respectfully  
*Ruthie Wright*  
Ruthie Wright