
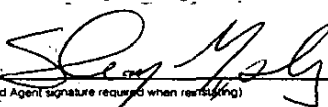
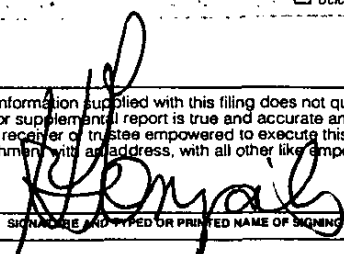


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90026 050 ****70.00

DOCUMENT # N04000000089 1. Entity Name NEW BEGINNINGS FELLOWSHIP OF FAITH, INC.					
Principal Place of Business 548 RACHAEL COURT OVIEDO, FL 32765			Mailing Address 548 RACHAEL COURT OVIEDO, FL 32765		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0476821	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WILLIAMS, CHRISTOPHER 2995 HAZELTON PLACE OVIEDO, FL 32765				7. Name and Address of New Registered Agent Name Shawn Murphy Street Address (P.O. Box Number is Not Acceptable) 13808 Guildhall Circle City Orlando, FL Zip Code 32828	
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: SHAWN MURPHY  02/18/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GONZALEZ, JR., HERIBERTO <input type="checkbox"/> Delete 548 RACHAEL COURT OVIEDO, FL 32765		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST <input checked="" type="checkbox"/> Delete WILLIAMS, CHRISTOPHER 2995 HAZELTON PLACE OVIEDO, FL 32765		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer (T) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Shawn Murphy 13808 Guildhall circle Orlando, Florida 32828	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EC <input type="checkbox"/> Delete GEER, ROD 3017 VINE ST ORL, FL 32806		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	Secretary (S) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Anthony White 1013 Covington Street Orlando, Florida	
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:  1/22/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50017451



01212005 Chg-NP CR2E037 (10/03)