

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90126 014 \*\*\*\*70.00

**DOCUMENT # N04000004561**

1. Entity Name

NEW BEGINNING FULL GOSPEL CHURCH INC.



Principal Place of Business

900-D ANASTASIA BLVD.  
ST. AUGUSTINE FL 32080

Mailing Address

369 VARELLA AVE.  
ST. AUGUSTINE FL 32084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

20-1064451

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REGISTER, CURTIS W  
369 VARELLA AVE.  
ST. AUGUSTINE FL 32084

7. Name and Address of Now Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PCD ☐ Delete  
NAME REGISTER, CURTIS W.  
STREET ADDRESS 369 VARELLA AVE.  
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE VCTS ☐ Delete  
NAME REGISTER, MARGARET A  
STREET ADDRESS 369 VARELLA AVE.  
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE D ☐ Delete  
NAME SCHONDER, CHARLES W  
STREET ADDRESS 274 WISTERIA RE.  
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition  
NAME WILLIAM LAYFIELD  
STREET ADDRESS 1629 BRIAN COURT  
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME PHILLIP GRIFFIS  
STREET ADDRESS 1348 GRANT ST.  
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME DONALD LASHINSKY  
STREET ADDRESS 3709 ARROWHEAD DR.  
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

TITLE ☐ Change ☐ Addition  
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)(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 *Curtis W. Register* CURTIS W. REGISTER 4-25-05 (904) 824-9051  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #