

06 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90048 022 ****70.00

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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 (10/05)

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

7. Name and Address of New Registered Agent

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

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, 2006**

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

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

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LAYFIELD, WILLIAM**
CITY-ST-ZIP **1629 BRIAN CT
SAINT AUGUSTINE FL 32086**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **BRIFFIS, PHILLIP**
CITY-ST-ZIP **1348 GRANT ST
SAINT AUGUSTINE FL 32084**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **LASHINSKY, DONALD**
CITY-ST-ZIP **3709 ARROW HEAD DR
SAINT AUGUSTINE FL 32086**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME **VDTS**
STREET ADDRESS **MARGARET A. REGISTER**
CITY-ST-ZIP **369 VARELLA AVE.
ST. AUGUSTINE, FL 32084**

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

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

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

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **MAE LINGOLD**
CITY-ST-ZIP **540 Ray Edwards Road
ST. AUGUSTINE, FL. 32086**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Curtis W. Register* **CURTIS W. REGISTER 3/27/06 (904) 824-9051**