


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90389 047 *****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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 20-1064451	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REGISTER, CURTIS W 369 VARELLA AVE. ST. AUGUSTINE FL 32084
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7. Name and Address of New 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, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PCD NAME REGISTER, CURTIS W STREET ADDRESS 369 VARELLA AVE. CITY ST ZIP ST. AUGUSTINE FL 32084	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VDTs NAME REGISTER, MARGARET A STREET ADDRESS 369 VARELLA AVE CITY ST ZIP SAINT AUGUSTINE FL 32084	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SCHONDER, CHARLES W STREET ADDRESS 274 WISTERIA RE. CITY ST ZIP ST. AUGUSTINE FL 32086	<input checked="" type="checkbox"/> Delete	TITLE NAME JIM NORMAN STREET ADDRESS 752 SO. HERITAGE CREEK WAY CITY ST ZIP ST. AUGUSTINE, FL. 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME LAYFIELD, WILLIAM STREET ADDRESS 1629 BRIAN CT CITY ST ZIP SAINT AUGUSTINE FL 32086	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME GRIFFIS, PHILLIP STREET ADDRESS 1348 GRANT ST CITY ST ZIP SAINT AUGUSTINE FL 32084	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LINGOLD, MAE STREET ADDRESS 540 RAY EDWARDS RD CITY ST ZIP SAINT AUGUSTINE FL 32086	<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 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** *4/13/07* *(904) 501-3299 ext. 1*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #