

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90228 036 \*\*\*\*61.25

60033689



04212006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N04000008972</b> 1. Entity Name "THE WELL" OF NEW BEGINNINGS MINISTRIES, INC.					
Principal Place of Business P.O. BOX 423 CLARONA, FL 32710			Mailing Address P.O. BOX 423 CLARONA, FL 32710		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>56-2467603</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SULLEMUN, CARMEN 7345 WOODWARD WAY ORLANDO, FL 32818			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SULLEMUN, CARMEN		NAME		
STREET ADDRESS	1995 ERVING CIR		STREET ADDRESS		
CITY-ST-ZIP	OCOOE, FL 34761		CITY-ST-ZIP		
TITLE	BOM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, STEPHANIE		NAME		
STREET ADDRESS	P O BOX 960537		STREET ADDRESS		
CITY-ST-ZIP	RIVERDALE, GA 30296		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILBERT, PAUL		NAME		
STREET ADDRESS	452 CLARKSON AVE.		STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN, NY 11203		CITY-ST-ZIP		
TITLE	BOM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOULTRIE, VIVIAN		NAME		
STREET ADDRESS	1000 FERNWOOD PARK #129		STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER, NY 14609		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RENDER, HAWANYA		NAME		
STREET ADDRESS	297 DANIEL'S POLITE DR.		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> <i>Carmen Sullemun</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/26/06 407-234-5298 <small>Date Daytime Phone #</small>		