

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008972

FILED
Apr 29, 2007
Secretary of State

Entity Name: "THE WELL" OF NEW BEGINNINGS MINISTRIES, INC.

Current Principal Place of Business:

P.O. BOX 423
CLARONA, FL 32710

New Principal Place of Business:

1025 DERBYSHIRE DR.
KISSIMMEE, FL 34758

Current Mailing Address:

P.O. BOX 423
CLARONA, FL 32710

New Mailing Address:

FEI Number: 56-2467603 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLEMUN, CARMEN
7345 WOODWARD WAY
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

SULLEMUN, CARMEN
1025 DERBYSHIRE DR.
KISSIMMEE, FL 34758 US

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.

SIGNATURE:

04/29/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SULLEMUN, CARMEN
Address: 1995 ERVING CIR
City-St-Zip: OCOEE, FL 34761

Title: BOM () Delete
Name: BROWN, STEPHANIE
Address: P O BOX 960537
City-St-Zip: RIVERDALE, GA 30296

Title: VP () Delete
Name: GILBERT, PAUL
Address: 452 CLARKSON AVE.
City-St-Zip: BROOKLYN, NY 11203

Title: BOM () Delete
Name: MOULTRIE, VIVIAN
Address: 1000 FERNWOOD PARK #129
City-St-Zip: ROCHESTER, NY 14609

Title: S () Delete
Name: RENDER, HAWANYA
Address: 297 DANIEL'S POLITE DR.
City-St-Zip: WINTER GARDEN, FL 34787

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/M (X) Change () Addition
Name: SULLEMUN, CARMEN PASTOR
Address: 1025 DERBYSHIRE DR.
City-St-Zip: KISSIMMEE, FL 34758

Title: C (X) Change () Addition
Name: SULLEMUN, JR, ARLI MR.
Address: 5549 LIMERICK LN. #104
City-St-Zip: VIRGINIA BEACH, VA 23455

Title: BOM (X) Change () Addition
Name: STUBBS, EBONY MS.
Address: 1025 DERBYSHIRE DR.
City-St-Zip: KISSIMMEE, FL 34758

Title: BOM (X) Change () Addition
Name: SULLEMUN, TOVA-RACQUEL MS.
Address: 7460 KITTY HAWK / RT. 142
City-St-Zip: CONVERSE, TX 78109

Title: BOM (X) Change () Addition
Name: BROWN, STEPHANIE MS.
Address: P.O. BOX 960537
City-St-Zip: RIVERDALE, GA 30296

Title: BOM () Change (X) Addition
Name: RENDER, HAWANYA MRS.
Address: 297 DANIEL'S POLITE DR.
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEN SULLEMUN

P/M

04/29/2007

Electronic Signature of Signing Officer or Director

Date