

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90251 038 ****61.25

DOCUMENT # N04000008972					
1. Entity Name "THE WELL" OF NEW BEGINNINGS MINISTRIES, INC.					
Principal Place of Business 1025 DERBYSHIRE DR. KISSIMMEE, FL 34758			Mailing Address P.O. BOX 423 CLARONA, FL 32710		
2. Principal Place of Business - No P.O. Box # 145222 Chicora Crossing Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Orlando Florida		City & State		4. FEI Number 56-2467603	
Zip 32828		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SULLEMUN, CARMEN 1025 DERBYSHIRE DR. KISSIMMEE, FL 34758			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P/M NAME SULLEMUN, CARMEN PASTOR STREET ADDRESS 1025 DERBYSHIRE DR. CITY-ST-ZIP KISSIMMEE, FL 34758	<input type="checkbox"/> Delete		TITLE Board Member NAME Angela Jones Thomas STREET ADDRESS 3246 Fairfield Dr. CITY-ST-ZIP Kissimmee, Fl. 34743	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE C NAME SULLEMUN, JR, ARLI MR. STREET ADDRESS 5549 LIMERICK LN. #104 CITY-ST-ZIP VIRGINIA BEACH, VA 23455	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE BOM NAME STUBBS, EBONY MS. STREET ADDRESS 1025 DERBYSHIRE DR. CITY-ST-ZIP KISSIMMEE, FL 34758	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE BOM NAME SULLEMUN, TOVA-RACQUEL MS. STREET ADDRESS 7460 KITTY HAWK / RT. 142 CITY-ST-ZIP CONVERSE, TX 78109	<input type="checkbox"/> Delete		TITLE Chairman NAME 195 Universal City #304 STREET ADDRESS Universal City, Tx CITY-ST-ZIP 78148	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE BOM NAME BROWN, STEPHANIE MS. STREET ADDRESS P.O. BOX 960537 CITY-ST-ZIP RIVERDALE, GA 30296	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE BOM NAME RENDER, HAWANYA MRS. STREET ADDRESS 297 DANIEL'S POLITE DR. CITY-ST-ZIP WINTER GARDEN, FL 34787	<input checked="" 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 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.					
SIGNATURE: <i>Carmen Sullemun</i> <i>Carmen Sullemun</i>			4/29/08 407-234-5798		