

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008972

FILED
May 01, 2009
Secretary of State

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

Current Principal Place of Business:

14522 CHICORA CROSSING
ORLANDO, FL 32828

New Principal Place of Business:

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SULLEMUN, CARMEN M PASTOR
14522 CHICORA CROSSING BLVD
ORLANDO, FL 32828 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: CARMEN M. SULLEMUN, PASTOR

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: C () Delete
Name: SULLEMUN, TOVA-RACQUEL MS.
Address: 195 UNIVERSAL CITY #304
City-St-Zip: UNIVERSAL CITY, TX 78148

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP (X) Change () Addition
Name: SULLEMUN, CARMEN M PASTOR
Address: 14522 CHICORA CROSSING BLVD
City-St-Zip: ORLANDO, FL 32828

Title: BOM (X) Change () Addition
Name: STUBBS, EBONY R MS.
Address: 14522 CHICORA CROSSING BLVD
City-St-Zip: ORLANDO, FL 32828

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BOM () Change (X) Addition
Name: JONES-THOMAS, ANGELA MRS
Address: 3246 FAIRFIELD DR
City-St-Zip: KISSIMMEE, FL 34743

Title: S () Change (X) Addition
Name: WEAVER, SHARREFAH Z MRS
Address: P.O. BOX 423
City-St-Zip: ORLANDO, FL 32710

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 M. SULLEMUN, PASTOR

CEOP

05/01/2009

Electronic Signature of Signing Officer or Director

Date