2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N05000000030

Entity Name: NEW BEGINNINGS PRAYER AND DELIVERANCE HOLY TEMPLE OF PLANT CITY, FLORIDA, INC.

Current Principal Place of Business:

1412 SOUTH EVERS STREET
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

C/O MINNIE WRIGHT
612 BETHUNE DRIVE
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: 74-3133586 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WRIGHT, MINNIE
612 BETHUNE DRIVE
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VB	( ) Delete
Name:	WRIGHT, SAM BISHOP	
Address:	612 BETHUNE DRIVE	
City-St-Zip:	PLANT CITY, FL 33563	
Title:	PP	( ) Delete
Name:	WRIGHT, MINNIE PASTOR	
Address:	612 BETHUNE DRIVE	
City-St-Zip:	PLANT CITY, FL 33563	
Title:	S	( ) Delete
Name:	WRIGHT, SHERESE M	
Address:	901 SOUTH MARYLAND AVE	
City-St-Zip:	PLANT CITY, FL 33563	
Title:	DE	( ) Delete
Name:	BURGESS, VANESSA A	
Address:	1787 BAYVIEW DRIVE	
City-St-Zip:	LAKELAND, FL 33805	
Title:	T	( ) Delete
Name:	WRIGHT, SHIRLEY	
Address:	1706 SAMMONDS RD.	
City-St-Zip:	PLANT CITY, FL 33563	
Title:	FC	( ) Delete
Name:	BURNSON, ALFONSON	
Address:	7915 RIDGE GLEN CIRCLE	
City-St-Zip:	LAKELAND, FL 33809	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DE	(X) Change ( ) Addition
Name:	BRUNSON, OSCEOLA	
Address:	7915 RIDGE GLEN CIRCLE	
City-St-Zip:	LAKELAND, FL 33809	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: OSCEOLA BRUNSON DE 04/28/2008

Electronic Signature of Signing Officer or Director — Date