

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001067

FILED
Feb 03, 2006
Secretary of State

Entity Name: NEW BEGINNINGS FULL GOSPEL FELLOWSHIP, INC.

Current Principal Place of Business:

217 GENESSE ST
DAVENPORT, FL 33837

New Principal Place of Business:

116 S. AVE. B
SAN MANUEL, AZ 85631

Current Mailing Address:

217 GENESSE ST
DAVENPORT, FL 33837

New Mailing Address:

116 S. AVE. B
SAN MANUEL, AZ 85631

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUMAN, BARRY PASTOR
217 GENESSE ST
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

SHUMAN, BARRY PASTOR
116 S. AVE. B
SAN MANUEL, AZ, FL 85631 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:

02/03/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHUMAN, BARRY
Address: 217 GENESSE ST
City-St-Zip: DAVENPORT, FL 33837

Title: VP (X) Delete
Name: SMITH, MINNIE
Address: P.O. BOX 58
City-St-Zip: LOUGHMAN, FL 33858

Title: ST () Delete
Name: SHUMAN, GALE
Address: 217 GENESSE ST
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHUMAN, BARRY
Address: 116 S. AVE. B
City-St-Zip: SAN MANUEL, AZ 85631

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

Title: ST (X) Change () Addition
Name: SHUMAN, GALE
Address: 116 S. AVE. B
City-St-Zip: SAN MANUEL, AZ 85631

I hereby certify that the information supplied with this filing does not qualify for the 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: BARRY SHUMAN

REV.

02/03/2006

Electronic Signature of Signing Officer or Director

Date