

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

9/7/2006-90016-007-\$70.00-\$70.00

2006 OCT 16 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                   |  |
|-------------------------------------------------------------------|--|
| <b>DOCUMENT # N05000004526</b>                                    |  |
| 1. Entity Name<br><b>NEW GENERATION CHILDRENS MINISTRY, CORP.</b> |  |



|                                                                                         |                                                                             |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business<br><b>1511 NW 91ST AVE #9-28<br/>CORAL SPRINGS FL 33071</b> | Mailing Address<br><b>1511 NW 91ST AVE #9-28<br/>CORAL SPRINGS FL 33071</b> |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

2nd MOORE CR2E037 (4/06)

|                                                                      |                                                                   |
|----------------------------------------------------------------------|-------------------------------------------------------------------|
| 4. FEI Number                                                        | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required                                    |

|                                                                                                                                 |                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>PENHA, GLEDES C<br/>1511 NW 91ST AVE #9-28<br/>CORAL SPRINGS FL 33071</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \_\_\_\_\_

|                                                              |                                                                                                                 |                                                              |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By September 6, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to:<br><b>Florida Department of State</b> |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                         |                                                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                                                  |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>OEBHA, GLEDES C<br>1511 NW 91ST AVE #9-28<br>CORAL SPRINGS FL 33071 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | DP<br>PENHA, GLEDES C<br>1511 NW 91 AVE, Bldg 9, Apt. 28<br>CORAL SPRINGS, FL 33071 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>Correction of LAST NAME |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DVP<br>FOGANHOLI, MARIA B<br>1511 NW 91ST AVE #9-28<br>CORAL SPRINGS FL 33071 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | DVP<br>FOGANHOLI, MARIA B.<br>1511 NW 91 AVE, Bldg #9, Apt #28<br>CORAL SPRINGS, FL 33071 <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DT<br>MAGRO, NILSON<br>1511 NW 91ST AVE #9-28<br>CORAL SPRINGS FL 33071 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | JOSE CARLOS FOGANHOLI DT<br>First Middle LAST<br>1511 NW 91 AVE, Bldg 9, Apt 28<br>CORAL SPRINGS, FL 33071 <input type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DS<br>MAGRO, TAIS<br>1511 NW 91ST AVE #9-28<br>CORAL SPRINGS FL 33071 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | DS - PENHA, GLAUCIA, R.<br>1511 NW 91 AVE, Bldg #9, Apt. #28<br>CORAL SPRINGS, FL 33071 <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>B10/23/06</b> <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>ATTENTION</b> <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>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: *Glauca R. Penha* 9/2/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #