## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000005264

FILED Apr 25, 2006 Secretary of State

Entity Name: NEW BEGINNINGS CHRISTIAN FAITH CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 278094 P.O. BOX 278094

MIRAMAR, FL 330278094 MIRAMAR, FL 330278094 US

Current Mailing Address: New Mailing Address:

P.O. BOX 278094 P.O. BOX 278094

MIRAMAR, FL 330278094 MIRAMAR, FL 330278094 US

FEI Number: 20-0055996 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORGAN, CHARLES O. JR. 1300 NW 167TH ST., STE. 3 MIAMI, FL 33169 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:

NL.

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

Title: TP (X) Change ( ) Addition

 Title:
 TP
 ( ) Delete
 Title:
 TP
 (X) Change

 Name:
 BENNETT, TIMOTHY ERVIN
 Name:
 BENNETT, TIMOTHY E

 Address:
 2843 SW 183 AVE.
 Address:
 2843 SW 183 AVE.

 City-St-Zip:
 MIRAMAR, FL 33029
 City-St-Zip:
 MIRAMAR, FL 33029 US

 Name:
 HOWARD, ERIC
 Name:
 HOWARD, ERIC

 Address:
 412 NE 2ND AVE.
 Address:
 412 NE 2ND AVE.

City-St-Zip: HALLANDALE BEACHF, FL 33009 City-St-Zip: HALLANDALE BEACHF, FL 33009 US

 Name:
 BENNETT, ANGELA
 Name:
 BENNETT, ANGELA

 Address:
 2843 SW 183 AVE.
 Address:
 2843 SW 183 AVE.

 City-St-Zip:
 MIRAMAR, FL 33029
 City-St-Zip:
 MIRAMAR, FL 33029 US

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: ANGELA BENNETT TS 04/25/2006