2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005264

FILED Jul 18, 2008 Secretary of State

Entity Name: NEW BEGINNINGS CHRISTIAN FAITH CENTER, INC. **Current Principal Place of Business:** New Principal Place of Business: 2300 SW 173RD AVE. 21113 JOHNSON ST. MIRAMAR, FL 33027 US 101 PEMBROKE PINES, FL 33029 US **Current Mailing Address: New Mailing Address:** P.O. BOX 278094 MIRAMAR, FL 330278094 US FEI Number: 20-0055996 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: Name and Address of New Registered Agent: MORGAN, CHARLES O. JR BENNETT, TIMOTHY E 1300 NW 167TH ST., STE. 3 21113 JOHNSON ST. MIAMI, FL 33169 101 PEMBROKE PINES, FL 33029 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: TIMOTHY E. BENNETT 07/18/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BENNETT, TIMOTHY E Name: Name: 16512 SW 32ND ST. Address: Address: City-St-Zip: MIRAMAR, FL 33027 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: SANCHEZ, LISA Name: Address: **18340 NW 19TH STREET** Address: City-St-Zip: PEMBROKE PINES, FL 33029 US City-St-Zip: Title: () Delete Title: () Change () Addition BENNETT, ANGELA Name: Name: 16512 SW 32ND STREET Address: Address: City-St-Zip: MIRAMAR, FL 33027 US 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: TIMOTHY E. BENNETT TP 07/18/2008