2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000005264

FILED Nov 02, 2009 Secretary of State

Entity Na	me: NEW BEGINNINGS CHRISTIAN FAI	ITH CENTER, INC.		
Current P	Principal Place of Business:	New Principal Place	e of Business:	
21113 JOI 101	HNSON ST.			
PEMBRO	KE PINES, FL 33029 US			
Current N	lailing Address:	New Mailing Addre	New Mailing Address:	
P.O. BOX MIRAMAR	278094 2, FL 330278094 US			
	: 20-0055996 FEI Number Applied For () ace with s. 607.193(2)(b), F.S., the corporation die	FEI Number Not Applicable() d not receive the prior notice.	Certificate of Status Desired (X)	
Name and	d Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
21113 JOH 101 PEMBROH	T, TIMOTHY E HNSON ST. KE PINES, FL 33029 US e named entity submits this statement for th	ne purpose of changing its register	ed office or registered agent or both	
	e of Florida.	ie purpose of changing its register	ed office of registered agent, or both,	
SIGNATU	RE: TIMOTHY E. BENNETT			
	Electronic Signature of Registered	Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TP () Delete BENNETT, TIMOTHY E 16512 SW 32ND ST. MIRAMAR, FL 33027 US	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	TT () Delete SANCHEZ, LISA 18340 NW 19TH STREET PEMBROKE PINES, FL 33029 US	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	TS () Delete BENNETT, ANGELA 16512 SW 32ND STREET MIRAMAR EL 33027 US	Title: Name: Address: City-St-Zin:	() Change () Addition	

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: ANGELA BENNETT 11/02/2009 TS