

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT




**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90017 021 \*\*\*\*61.25

60043330



05202008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N05000012678</b>					
1. Entity Name <b>NEW BEGINNINGS CHRISTIAN MINISTRY, INC.</b>					
Principal Place of Business <b>27120 CHURCH ROAD BROOKSVILLE, FL 34602</b>			Mailing Address <b>P.O. BOX 649 LAKE PANASOFFKEE, FL 33538</b>		
2. Principal Place of Business - No P.O. Box # <b>5428 Berrien Ave</b> Suite, Apt. #, etc.			3. Mailing Address <b>5428 Berrien Ave</b> Suite, Apt. #, etc.		
City & State <b>Spring Hill FL</b>			City & State <b>Spring Hill FL</b>		
Zip <b>34608</b>		Country		4. FEI Number <b>20-4091527</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>DIXON, JAMES A BISHOP 27120 CHURCH ROAD BROOKSVILLE, FL 34602</b>			7. Name and Address of New Registered Agent Name <b>James A Dixon</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>Spring Hill</b> FL Zip Code <b>34608</b>		
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIXON, JAMES A BISHOP 27120 CHURCH ROAD BROOKSVILLE, FL 34602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dixon, James A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5428 Berrien Ave Spring Hill FL 34608		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KNIGHT, RAYMOND DEACON 27120 CHURCH ROAD BROOKSVILLE, FL 34602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FIELDS, RALPH DEACON 27120 CHURCH ROAD BROOKSVILLE, FL 34602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____					