2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/17/2007-90030-050-$70.00-$70.00

FILED
07 SEP 17 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000000667

1. Entity Name
NEW BEGINNINGS FAMILY WORSHIP CENTER INC

Principal Place of Business	Mailing Address
4493 PEBBLE BROOK DR JACKSONVILLE, FL 32224 US	4493 PEBBLE BROOK DR JACKSONVILLE, FL 32224 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2141 Loch Rawe Blvd	2141 Loch Rawe Blvd
Suite, Apt. #, etc.: 125	Suite, Apt. #, etc.: 125
City & State: Orange Park Florida	City & State: Orange Park Florida
Zip: 32073 Country: USA	Zip: 32073 Country: USA

07132007 Chg-NP CR2E037 (12/06)

03-0579242

4. FEI Number: 03-0579242 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HACKWORTH, WILLIAM C JR 4493 PEBBLE BROOK DR JACKSONVILLE, FL 32224	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 William C Hackworth Jr — August 15/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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	P HACKWORTH, WILLIAM C JR 4493 PEBBLE BROOK DR JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HACKWORTH, PEARLINE 4493 PEBBLE BROOK DR JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: William C Hackworth Jr — August 15/07 — 904-591-5193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William C Hackworth Sr

JC 9/18