

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001665

FILED
Jan 20, 2007
Secretary of State

Entity Name: NEW BEGINNINGS MINISTRIES OF HARDEE COUNTY, INC.

Current Principal Place of Business:

5969 STEVE ROBERTS SPECIAL
ZOLFO SPRINGS, FL 33890

New Principal Place of Business:

Current Mailing Address:

5969 STEVE ROBERTS SPECIAL
ZOLFO SPRINGS, FL 33890

New Mailing Address:

FEI Number: 65-1278599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALDER, JAMES F
5969 STEVE ROBERTS SPECIAL
ZOLFO SPRINGS, FL 33890 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CALDER, JAMES F
Address: 5969 STEVE ROBERTS SPECIAL
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: VD () Delete
Name: STEVENS, EDWARD L
Address: 551 CYORESS ST.
City-St-Zip: WAUCHULA, FL 33873

Title: STD () Delete
Name: CALDER, KATHLEEN MAE
Address: 5969 STEVE ROBERTS SPECIAL
City-St-Zip: ZOLFO SPRINGS, FL 33890

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: STEVENS, EDWARD L
Address: 551 CYPRESS ST.
City-St-Zip: WAUCHULA, FL 33873

Title: STD (X) Change () Addition
Name: CALDER, KATHLEEN M
Address: 5969 STEVE ROBERTS SPECIAL
City-St-Zip: ZOLFO SPRINGS, FL 33890

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: JAMES F. CALDER

PD

01/20/2007

Electronic Signature of Signing Officer or Director

Date