


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90171 001 ****61.25

DOCUMENT # N06000007420 1. Entity Name NEW BEGINNING CHURCH OF GOD, INC.					
Principal Place of Business 1343 SW HEBNER AVENUE PORT SAINT LUCIE, FL 34953			Mailing Address 1343 SW HEBNER AVENUE PORT SAINT LUCIE, FL 34953		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 14-1971845 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WALTON, PAULETTE 1343 SW HEBNER AVENUE PORT SAINT LUCIE, FL 34953			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VPD BAILEY, JOAN <input checked="" type="checkbox"/> Delete 802 SE CHALOUPPE AVENUE PORT SAINT LUCIE, FL 34983		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY JOAN <input type="checkbox"/> Change <input type="checkbox"/> Addition 802 SE CHALOUPPE AVENUE PORT ST LUCIE, FL 34983	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHAW, DONALD <input checked="" type="checkbox"/> Delete 2698 SE BIKAS LANE PORT SAINT LUCIE, FL 34983		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS SYLVESTER <input type="checkbox"/> Change <input type="checkbox"/> Addition 502 SW INDIAN KEY DRIVE PORT ST LUCIE, FL 34986	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALTON, PAULETTE <input type="checkbox"/> Delete 1343 SW HEBNER AVENUE PORT SAINT LUCIE, FL 34953		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL ROSEANN <input type="checkbox"/> Change <input type="checkbox"/> Addition 1901 SW GRANDELLO TERRACE PORT ST LUCIE, FL 34953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POWELL LEO <input type="checkbox"/> Delete 333 SW DAGGET AVENUE PORT ST LUCIE, FL 34953		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS MONICA <input type="checkbox"/> Change <input type="checkbox"/> Addition 502 SW INDIAN KEY DRIVE PORT ST LUCIE, FL 34986	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POWELL SUZANNE <input type="checkbox"/> Delete 333 SW DAGGET AVENUE PORT ST LUCIE, FL 34953		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL LESTER <input type="checkbox"/> Change <input type="checkbox"/> Addition 1271 SW SUDDER AVENUE PORT ST LUCIE, FL 34953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALTON VINCENT <input type="checkbox"/> Delete 1343 SW HEBNER AVENUE PORT ST LUCIE, FL 34953		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: PAULETTE WALTON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/16/2007 (772)3431583 <small>Date Daytime Phone #</small>		