2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000007420



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FILED Mar 28, 2008 8:00 am Secretary of State

03-28-2008 90029 006 ****61.25

NEW BEC	SINNING CHURCH OF GOI	D, INC.							
	e of Business BNER AVENUE LUCIE, FL 34953	Mailing Address 1343 SW HEBNER AVEN PORT SAINT LUCIE, FL			40053		101 20 11 1101 1		unive de lâui
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc. Si		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03102008	Chg-NP	CR2E	037 (12/06)	
City & State	9	City & State			4. FEI Number 14-19718	45	-	<u> </u>	pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of S	Status Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New	Registered	Agent	
WALTON	PAULETTE		Name						
1343 SW F	HEBNER AVENUE NT LUCIE, FL 34953		Street	Address (I	P.O. Box Number is	Not Acceptab	le)		
			City	•			FI	Zip Coo	te
	named entity submits this statement fo	r the purpose of changing its	registered office of	or register	ed agent, or both, i	n the State of F	lorida. I an	n familiar with	, and accept
· ·									
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signa	ature required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campa Trust Fund Con									
	_				\$5.00 May Be Added to Fees	1		ck payable t artment of S	
10.	_	Trust Fund C			\$5.00 May Be Added to Fees ADDITIONS/CHAN	Flo	orida Depa	artment of S	State
TITLE	Due by May 1, 2008 OFFICERS AND DIE	Trust Fund C	11.	5.0	Added to Fees	GES TO OFFIC	erida Depa	DIRECTORS IF	State
TITLE NAME	Due by May 1, 2008 OFFICERS AND DIE D BAILEY, JOAN	Trust Fund C	11. TITLE NAME	5.0	Added to Fees	GES TO OFFIC	erida Depa	DIRECTORS IF	N 10
TITLE	Due by May 1, 2008 OFFICERS AND DIE	Trust Fund C	11.	5 D HP 50:3	Added to Fees	GES TO OFFIC	ers and c	DIRECTORS IF Change	N 10
TITLE NAME STREET ADDRESS	Due by May 1, 2008 OFFICERS AND DIE D BAILEY, JOAN 802 SE CHALOUPE AVENUE	Trust Fund C	11. TITLE NAME STREET ADDRESS	5 D HP 502 Por	Added to Fees ADDITIONS/CHANGE THE VERY SW INTERPORTED TO STEEL	GES TO OFFIC DN NDIAN I	ers and c	DIRECTORS IF Change	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2008 OFFICERS AND DIF D BAILEY, JOAN 802 SE CHALOUPE AVENUE PORT SAINT LUCIE, FL 34983 D SYLVESTER, THOMAS	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	5 D HP 502 POR TD	Added to Fees ADDITIONS/CHANGE THE VERY SEE TO JUST ST LU	GES TO OFFIC ON NDIANI	ERS AND C	DIRECTORS II Change RIVE 4986	State N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2008 OFFICERS AND DIE D BAILEY, JOAN 802 SE CHALOUPE AVENUE PORT SAINT LUCIE, FL 34983 D SYLVESTER, THOMAS 502 SW INDIAN KEY DR	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	5D HP 502 POR TD WA	Added to Fees ADDITIONS/CHANGE FULL VERI A SW JUL T ST LU LTON VIN 3 SW H6	FIGGES TO OFFICE NDIANI CLE F CENT EBNER	ERS AND E	DIRECTORS II Change RIVE 4986 Change	State N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008 OFFICERS AND DIF D BAILEY, JOAN 802 SE CHALOUPE AVENUE PORT SAINT LUCIE, FL 34983 D SYLVESTER, THOMAS	Trust Fund C	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 HOSOR POR TA TA TA TA TA	Added to Fees ADDITIONS/CHANG L SW J T ST LU LTON VIN 3 SW H 2 ST LU	GES TO OFFICE NDIANDIANDIANDIANDIANDIANDIANDIANDIANDIA	ERS AND E KEY D L 34 Ava L 3	PRECTORS IF Change Change Change	N 10 Management Addition Addition
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reflect certify that the information supplied with this lilling does not quality for the exemptions contained in Chapter 119, Plonda Statutes, I rurner 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR