


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N06000007420</b>		
1. Entity Name <b>NEW BEGINNING CHURCH OF GOD, INC.</b>		

Principal Place of Business <b>1343 SW HEBNER AVENUE PORT SAINT LUCIE, FL 34953</b>	Mailing Address <b>1343 SW HEBNER AVENUE PORT SAINT LUCIE, FL 34953</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40053371



03102008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>14-1971845</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WALTON, PAULETTE 1343 SW HEBNER AVENUE PORT SAINT LUCIE, FL 34953</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BAILEY, JOAN		NAME	HAWK, VERON			
STREET ADDRESS	802 SE CHALOUPE AVENUE		STREET ADDRESS	502 SW INDIAN KEY DRIVE			
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983		CITY-ST-ZIP	PORT ST LUCIE FL 34986			
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SYLVESTER, THOMAS		NAME	WALTON VINCENT			
STREET ADDRESS	502 SW INDIAN KEY DR		STREET ADDRESS	1343 SW HEBNER AVE			
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986		CITY-ST-ZIP	PORT ST LUCIE FL 34453			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	WALTON, PAULETTE		NAME	Doreen LAWRENCE			
STREET ADDRESS	1343 SW HEBNER AVENUE		STREET ADDRESS	743 SW TATUM TERRACE			
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953		CITY-ST-ZIP	PORT ST LUCIE FL 34953			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MARSHALL, ROSEANN		NAME				
STREET ADDRESS	1901 SW GRANELLO TERR		STREET ADDRESS				
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MONICA, THOMAS		NAME				
STREET ADDRESS	502 SW INDIAN KEY DR		STREET ADDRESS				
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LESTER, POWELL		NAME				
STREET ADDRESS	1271 SW SUDDER AVE		STREET ADDRESS				
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953		CITY-ST-ZIP				

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 3/18/08 TT2 3431583  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #