

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2008
Secretary of State**

DOCUMENT# N06000009780

Entity Name: NEW BEGINNINGS CHRISTIAN FELLOWSHIP MINISTRIES, INC.

Current Principal Place of Business:

1608 W AIRPORT BLVD
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

1608 W AIRPORT BLVD
SANFORD, FL 32773

New Mailing Address:

FEI Number: 59-3717390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GATEN, CATHY D
520 SAN LANTA CIR
SANFORD, FL 32771 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: P () Delete
Name: GATEN, CATHY D
Address: 520 SAN LANTA CIR
City-St-Zip: SANFORD, FL 32771

Title: EV () Delete
Name: GATEN, FULTON
Address: 1608 W AORPORT BLVD
City-St-Zip: SANFORD, FL 32773

Title: ES () Delete
Name: JOHNSON, MARGUERITE R
Address: P.O.BOX 117
City-St-Zip: SANFORD, FL 32772

Title: ET () Delete
Name: CRUMITY, ROWNIE
Address: 535 WINDCHASE BLVD
City-St-Zip: SANFORD, FL 32773

Title: DT (X) Delete
Name: DEBOSE, SHAUNDA D
Address: 122 KEY HAVEN DR
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: EV (X) Change () Addition
Name: GATEN, FULTON
Address: 520 SAN LANTA CIR
City-St-Zip: SANFORD, FL 32771

Title: ES (X) Change () Addition
Name: DEBOSE, SHAUNDA D
Address: 122 KEY HAVEN DR
City-St-Zip: SANFORD, FL 32771

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

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

I hereby certify that the information supplied with this filing does not qualify 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: CATHY D. GATEN

P

04/15/2008

Electronic Signature of Signing Officer or Director

_____ Date