

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000783

FILED  
Mar 29, 2008  
Secretary of State

Entity Name: NEW BEGINNING CHRISTIAN MINISTRIES, INC.

**Current Principal Place of Business:**

214 N. 40TH ST.  
FORT PIERCE, FL 34947

**New Principal Place of Business:**

**Current Mailing Address:**

214 N. 40TH ST.  
FORT PIERCE, FL 34947

**New Mailing Address:**

FEI Number: 20-8270793

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JONES, WILLIE F  
214 N. 40TH ST  
FORT PIERCE, FL 34947 US

**Name and Address of New Registered Agent:**

JONES, WILLIE F PASTOR  
214 N. 40TH ST  
FORT PIERCE, FL 34947 US

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: WILLIE F. JONES

03/29/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JONES, WILLIE F  
Address: 214 N. 40TH ST.  
City-St-Zip: FORT PIERCE, FL 34947

Title: T ( ) Delete  
Name: REID, JOHN PAUL A  
Address: 1465 SE BARKER LN.  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: S ( ) Delete  
Name: JONES, SALLY M  
Address: 214 N. 40TH ST.  
City-St-Zip: FORT PIERCE, FL 34947

Title: S ( ) Delete  
Name: REID, TEKISHA S  
Address: 1465 SE BARKER LN.  
City-St-Zip: PORT ST. LUCIE, FL 34983

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: JONES, WILLIE F PASTOR  
Address: 214 N. 40TH ST.  
City-St-Zip: FORT PIERCE, FL 34947

Title: T (X) Change ( ) Addition  
Name: REID, JOHN PAUL A TRUSTEE  
Address: 1465 SE BARKER LN.  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: S (X) Change ( ) Addition  
Name: JONES, SALLY M SEC.  
Address: 214 N. 40TH ST.  
City-St-Zip: FORT PIERCE, FL 34947

Title: S (X) Change ( ) Addition  
Name: REID, TEKISHA S SEC.  
Address: 1465 SE BARKER LN.  
City-St-Zip: PORT ST. LUCIE, FL 34983

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: WILLIE F. JONES

MR.

03/29/2008

Electronic Signature of Signing Officer or Director

Date