2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007315

Apr 29, 2009 Secretary of State

Entity Name: NEW BEGINNINGS COMMUNITY CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

1390 SUNSET POINT RD. CLEARWATER, FL 33755

Current Mailing Address: New Mailing Address:

1390 SUNSET POINT RD. CLEARWATER, FL 33755

FEI Number: 26-0608648 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MARTIN, SHEDRICK 1390 SUNSET POINT RD. CLEARWATER, FL 33755 US

OFFICERS AND DIRECTORS:

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

Electronic dignature of Registere

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 ROGERS, WILLIAM
 Name:
 MARTIN, SHEDRICK

 Address:
 487 EXMOORE TERRACE
 Address:
 11682 128TH AVENUE

 City-St-Zip:
 DUNEDIN, FL 34698
 City-St-Zip:
 LARGO, FL 33778

Title: VD () Delete Title: VD (X) Change () Addition Name: GALLEGOS, MARK Name: GALLEGOS, MARK

Address: 8709 LEONA STREET Address: 8709 LEONA STREET City-St-Zip: SEMINOLE, FL 33770 City-St-Zip: SEMINOLE, FL 33777

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 WARDEN, RÖBERT
 Name:
 DUNCANSON, JUDY

 Address:
 13801 75TH AVE. NORTH
 Address:
 1390 SUNSET POINT ROAD

 City-St-Zip:
 SEMINOLE, FL 33776
 City-St-Zip:
 CLEARWATER, FL 33755

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: SHEDRICK MARTIN PD 04/29/2009