

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007906

FILED
Mar 21, 2009
Secretary of State

Entity Name: NEW BEGINNINGS COMMUNITY CHURCH OF THE TREASURE COAST, INC.

Current Principal Place of Business:

8930 SE CERES ST.
HOBE SOUND, FL 33455 US

New Principal Place of Business:

Current Mailing Address:

8930 SE CERES ST.
HOBE SOUND, FL 33455 US

New Mailing Address:

FEI Number: 26-0729628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HORTON, JOSEPH L
8930 SE CERES ST.
HOBE SOUND, FL 33455 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: ALLISON, STEPHEN J
Address: 7425 SE CRAIG ST.
City-St-Zip: HOBE SOUND, FL 33455 US

Title: VP () Delete
Name: CARROLL, TIMOTHY J
Address: 14298 SE FLORA AVE.
City-St-Zip: HOBE SOUND, FL 33455 US

Title: SEC () Delete
Name: DATILLIO, MARGARET S
Address: 7000 SE 138TH ST.
City-St-Zip: HOBE SOUND, FL 33455

Title: TRES () Delete
Name: HORTON, JOSEPH L
Address: 8930 SE CERES ST.
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOSEPH L. HORTON

TRES

03/21/2009

Electronic Signature of Signing Officer or Director

Date