

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004421

FILED
Apr 05, 2009
Secretary of State

Entity Name: A'NU BEGINNINGS MINISTRIES INC.

Current Principal Place of Business:

26610 SW 136 AVENUE
HOMESTEAD, FL 33032 US

New Principal Place of Business:

Current Mailing Address:

26610 SW 136 AVENUE
HOMESTEAD, FL 33032 US

New Mailing Address:

FEI Number: 90-0370899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KEEN, SABRINA M
26610 SW 136 AVENUE
HOMESTEAD, FL 33032 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: KEEN, SABRINA M
Address: 26610 SW 136 AVENUE
City-St-Zip: HOMESTEAD, FL 33032 US

Title: VP () Delete
Name: BOYD, MARY A
Address: 15300 GARFIELD DRIVE
City-St-Zip: LEISURE CITY, FL 33033 US

Title: TREA () Delete
Name: BOYD, MARY A
Address: 15300 GARFIELD DRIVE
City-St-Zip: LEISURE CITY, FL 33033 US

Title: SEC. () Delete
Name: PARRIS, SHANEICE L
Address: 26610 SW 136 AVENUE
City-St-Zip: HOMESTEAD, FL 33032 US

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: MARY BOYD

VP

04/05/2009

Electronic Signature of Signing Officer or Director

Date