

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002262

FILED  
Feb 09, 2011  
Secretary of State

**Entity Name:** NEW BEGINNING MINISTRY OF WINTER HAVEN, INC.

**Current Principal Place of Business:**

402 THOMAS AVE.  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

402 THOMAS AVE.  
WINTER HAVEN, FL 33880

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

OLLINS, TOM  
402 THOMAS AVE.  
WINTER HAVEN, FL 33880 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: CEO  
Name: OLLINS, TOM  
Address: 402 THOMAS AVE.  
City-St-Zip: WINTER HAVEN, FL 33880

Title: S  
Name: MCKENZIE, CYNTHIA  
Address: 402 THOMAS AVE.  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D  
Name: THOMAS, BIRDA L  
Address: 211 KIND POND  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D  
Name: MCKENZIE, JASMINE  
Address: 402 THOMAS AVE.  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D  
Name: OLLINS, LAKASHA  
Address: 130 VARENE DRIVE  
City-St-Zip: WINTER HAVEN, FL 33880

I hereby 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 all other like empowered.

SIGNATURE: TOM COLLINS

CEO

02/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date