

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009022

FILED  
Mar 29, 2012  
Secretary of State

**Entity Name:** NEW BEGINNING MINISTRIES OF TAMPA, INC.

**Current Principal Place of Business:**

1412 W WATERS AVE SUITE 105  
TAMPA, FL 33604

**New Principal Place of Business:**

4205 N FLORIDA AVENUE SUITE A  
TAMPA, FL 33603

**Current Mailing Address:**

1412 W WATERS AVE SUITE 105  
TAMPA, FL 33604

**New Mailing Address:**

4205 N FLORIDA AVENUE SUITE A  
TAMPA, FL 33603

**FEI Number:** 27-3454195

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WILSON, ELMER L  
6161 MEMORIAL HWY #2207  
TAMPA, FL 33614 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  
**Name:** BROOKS, STEVIE  
**Address:** 8912 N WILLOW AVE  
**City-St-Zip:** TAMPA, FL 33604

**Title:** VP  
**Name:** SCOTT, EUGENE  
**Address:** 10803 HALE ST  
**City-St-Zip:** PT RICHEY, FL 34668

**Title:** C  
**Name:** SCOTT, LARNELLE  
**Address:** 10803 HALE STREET  
**City-St-Zip:** PT RICHEY, FL 34668

**Title:** ST  
**Name:** BROOKS, PATRICE M  
**Address:** 8912 N WILLOW AVE  
**City-St-Zip:** TAMPA, FL 33604

**Title:** D  
**Name:** ANDERSON, THENESHA  
**Address:** 5265 EASTBAY DRIVE #224  
**City-St-Zip:** CLEARWATER, FL 33764

**Title:** D  
**Name:** WILSON, AUDREY  
**Address:** 13116 SANCTUARY COVE DRIVE, UNIT 201  
**City-St-Zip:** TEMPLE TERRACE, FL 33637

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:** STEVIE BROOKS

P

03/29/2012

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

\_\_\_\_\_  
Date