

N11000029268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

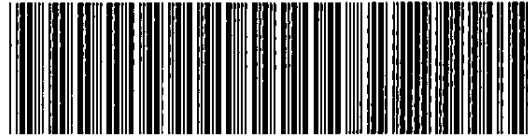
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/29/11--01015--016 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP 29 PM 4:45



9/30

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: NEW BEGINNINGS CHRISTIAN MINISTRY, INC
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: **JAMES A. DIXON**
Name (Printed or typed)

PO BOX 936
Address

NEW PORT RICHEY, FL 34653
City, State & Zip

352-688-4158
6432 DELETED PHONE NUMBER Telephone number

lenadixon42@yahoo.com
E-mail address: (to be used for future annual report notification)

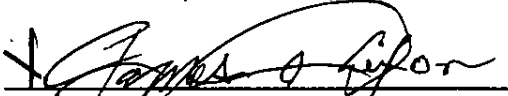
NOTE: Please provide the original and one copy of the articles.

Affidavit to Release Corporation name for New Articles of Incorporation

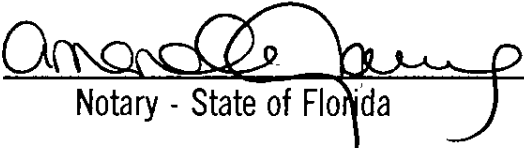
STATE OF FLORIDA

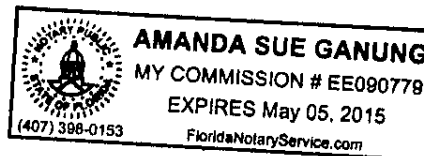
COUNTY OF LAKE

1. Introduction. James Dixon, being duly sworn, deposes and says:
2. Description of Deponent. I am the President/Director/Incorporator of New Beginnings Christian Ministry, Inc., a corporation organized and existing under the laws of Florida and qualified to do business under the laws of Florida, with its principal offices at: 6432 Delaware Ave New Port Richey, FL 34653. I make this affidavit solely as an agent of the above referenced corporation and in no other capacity.
3. Revoking Privilege and Release of Name. I do now hereby revoke any former use of corporate name and do now transfer the corporate name: New Beginnings Christian Ministry, Inc. to be filed and used with the new articles of incorporation now dated September 26, 2011 having full right, power, and authority to transfer such name.
4. Inducement. This affidavit is made for the specific purpose of transferring the corporate name as stated from any/all previous articles of incorporation dated prior to the new articles now dated September 26, 2011.


Signature — James A. Dixon

Be it known that on the 26th day of September, 2011 before me appeared James A. Dixon who is personally known to me.


Notary - State of Florida



ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME NEW BEGINNINGS CHRISTIAN MINISTRY, INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 6432 DELAWARE AVE
NEW PORT RICHEY, FL 34653
Mailing address, if different is: P.O. BOX 936
NEW PORT RICHEY, FL 34653

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
This corporation was established as a professional non-profit corporation. Church

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
As provided for in the bylaws.

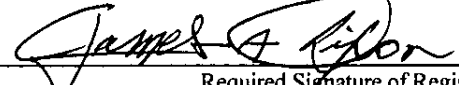
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: PRESIDENT: JAMES A. DIXON Name and Title: _____
Address: 6432 DELAWARE AVE Address: _____
NEW PORT RICHEY, FL 34653
Name and Title: VICE PRESIDENT: RAYMOND D. KNIGHT Name and Title: _____
Address: 6432 DELAWARE AVE Address: _____
NEW PORT RICHEY, FL 34653
Name and Title: SECRETARY: LENA DIXON Name and Title: _____
Address: 6432 DELAWARE AVE Address: _____
NEW PORT RICHEY, FL 34653

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: JAMES A. DIXON
Address: 6432 DELAWARE AVE
NEW PORT RICHEY, FL 34653

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: JAMES A. DIXON
Address: 6432 DELAWARE AVE
NEW PORT RICHEY, FL 34653

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent
09/26/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator
09/26/2011

Date