


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90045 025 ****61.25

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| DOCUMENT # N16065 |  |
| 1. Entity Name NEW BEGINNING COMMUNITY CHURCH OF THE NAZARENE INC. | |

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| Principal Place of Business 380 NORTH LOUDER ST. MACCLENLY FL 32063 | Mailing Address P.O. BOX 1077 MACCLENLY FL 32063 US |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address 380 No. Louder St. Suite, Apt. #, etc. |
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1st MOORE CR2E037 (10/05)

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| City & State MACCLENLY, FL | City & State MACCLENLY, FL |
| Zip 32040 | Country US |

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| 4. FEI Number 59-2255783 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent LAWSON, DAVE DR. 380 NORTH LOUDER ST. LOUDER ST. MACCLENLY FL 32063 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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| 8. 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. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE <i>Dave Lawson</i> Signature, typed or printed name of registered agent and title if applicable | DATE 1-24-06 (NOTE: Registered Agent signature required when reinstating) |

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DTR BASS, REV. MARTIN J. 10096 STASI RD GLEN SAINT MARY FL 32040 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DELETE REV. MARTIN BASS <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CREWS, JANA 10085 STASI RD GLEN ST. MARY FL 32040 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Crystal River 11226 Duval Rd. JACKSONVILLE, FL 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WARD, PATRICIA 10050 STASI RD GLEN SAINT MARY FL 32040 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DANNY Thibault 6032 Westwood Rd. BALDWIN, FL 32234 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHEDD, PAULA 10375 ST. MARY'S CIRCLE EAST MACCLENLY FL 32063 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Mike Shedd 10375 St. Marys Circle E. MACCLENLY, FL 32063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DAVID WARD 10050 Stasi Rd. Glen St. Mary, FL 32040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Ward* **PATRICIA WARD** **1-24-06** **904-318-1382**