2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 29, 2006 8:00 am
Secretary of State
03-21-2006 90012 006 ****70.00

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DOCUMENT # N18768

1. Entity Name
THE NEW BEGINNING ASSEMBLY OF THE SAINTS, INCORPORATED

Principal Place of Business	Mailing Address
662 CONE AVE PANAMA CITY, FL 32401 US	P.O. BOX 35044 PANAMA CITY, FL 32412 US

DO NOT WRITE IN THIS SPACE

03052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2420925
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, LONNIE
1006 NOTTING HAM DR.
PANAMA CITY, FL 32401

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MITCHELL, LONNIE
STREET ADDRESS	1006 NOTTINGHAM DR.
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	D
NAME	MITCHELL, MARION
STREET ADDRESS	1006 NOTTINGHAM DR
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	T
NAME	WILLIAMS, MARY
STREET ADDRESS	727 CACTUS AVE
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	T Trustee
NAME	IDA HUTCHINSON Shirley A. Wilson
STREET ADDRESS	2005 DRUMWOOD AVE 815 Ms Kenize Ave.
CITY-ST-ZIP	PANAMA CITY, FL 32401 Panama City, Fl 32401
TITLE	T
NAME	GLORIA, JOHNSON
STREET ADDRESS	1139 E 15 B STREET
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	Director
NAME	Matthew B. Mitchell
STREET ADDRESS	1006 Nottingham Drive
CITY-ST-ZIP	Panama City, Fl 32401

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Lonnie R. Mitchell 3-6-06 850-914-2411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
66007699
#N18768

The New Beginning A.O.T.S.
PO Box 35044
Panama City, Florida 32412
March 27, 2006

Reference Numbers: N18768
To the Annual Report Section:
These are the corrections you request:
Director-------Mitchell Sr., Lonnie
1006 Nottingham Drive
Panama City, Florida 32401

Director-------Mitchell, Marion
1006 Nottingham Drive
Panama City, Florida 32401

Director------Mitchell, Matthew
1006 Nottingham Drive
Panama City, Florida 32401

Trustee------Williams, Mary
727 Cactus Ave.
Panama City, Florida 32401

Trustee----- Wilson, Shirley
815 Mc Kenize Ave.
Panama City, Florida 32401

Trustee------Johnson, Gloria
1139 E 15th Street
Panama City, Florida 32401