2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# N18768

Entity Name: THE NEW BEGINNING ASSEMBLY OF THE SAINTS, INCORPORATED

Current Principal Place of Business:

662 CONE AVE
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 35044
PANAMA CITY, FL 32412 US

New Mailing Address:

FEI Number: 59-2420925 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITCHELL, LONNIE
1006 NOTTING HAM DR.
PANAMA CITY, FL 32401 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: D ( ) Delete
Name: MITCHELL, LONNIE
Address: 1006 NOTTINGHAM DR.
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: MITCHELL, MARION
Address: 1006 NOTTINGHAM DR
City-St-Zip: PANAMA CITY, FL 32401

Title: T ( ) Delete
Name: WILLIAMS, MARY
Address: 727 CACTUS AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: T ( ) Delete
Name: WILSON, SHIRLEY A
Address: 815 MCKENZIE AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: T ( ) Delete
Name: GLORIA, JOHNSON
Address: 1139 E 15 B STREET
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: MITCHELL, MATHEW B
Address: 1006 NOTTINGHAM DR
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LONNIE MITCHELL D 01/16/2007

Electronic Signature of Signing Officer or Director — Date