2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N22990

Entity Name: NEW BEGINNINGS ROCK CHURCH, INC.

Current Principal Place of Business:

12306 STATE ROAD 52
HUDSON, FL 34669 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 11002
SPRING HILL, FL 34610

New Mailing Address:

FEI Number: 59-2725865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRAQUADINE, PEARL
12306 STATE ROAD 52
HUDSON, FL 34669 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: PPD ( ) Delete
Name: HINES, ROBERT
Address: 12306 STATE RD 52
City-St-Zip: HUDSON, FL 34669 US

Title: SD ( ) Delete
Name: STRAQUADINE, PEARL
Address: 12306 STATE ROAD 52
City-St-Zip: HUDSON, FL 34669 US

Title: D ( ) Delete
Name: THOMAS, IRENE
Address: 12306 STATE ROAD 52
City-St-Zip: HUDSON, FL 34669 US

Title: VP ( ) Delete
Name: HINES, MARGARET
Address: 12306 STATE ROAD 52
City-St-Zip: HUDSON, FL 34669 US

Title: D ( ) Delete
Name: PRICE, JOHN
Address: 12306 STATE ROAD 52
City-St-Zip: HUDSON, FL 34669 US

Title: D ( ) Delete
Name: LACOUR, RUBY
Address: 12306 STATE RD 52
City-St-Zip: HUDSON, FL 34669

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 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: PEARL STRAQUADINE SD 04/29/2009

Electronic Signature of Signing Officer or Director — Date