

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90106 019 \*\*\*\*61.25

**DOCUMENT # N36389**

1. Entity Name

NEW BEGINNINGS FREE METHODIST CHURCH, INC.



Principal Place of Business

3104 SOUTH BRYAN ROAD  
BRANDON FL 33511

Mailing Address

9495 BLIND PASS # 807  
ST. PETE FL 33706

20034482



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

5421 Sharon Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Lakeland, FL

4. FEI Number

59-2990272

Applied For

Not Applicable

Zip

Country

Zip

33810

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PANNELL, DONNA  
2315 W BURKEST  
TAMPA FL 33604

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	PD	<input checked="" type="checkbox"/> Delete
NAME	BEDFORD, REV. BOB	
STREET ADDRESS	11680 OAK AVE	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	S	<input type="checkbox"/> Delete
NAME	PANNELL, DONNA	
STREET ADDRESS	2315 W. BURKEST	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	KEELING, REV DONALD	
STREET ADDRESS	9425 BLIND PASS RD #301	
CITY-ST-ZIP	SAINT PETERSBURG FL 33706	
TITLE	T	<input type="checkbox"/> Delete
NAME	PANNELL, EDWARD	
STREET ADDRESS	2315 W BURKE ST.	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	BELL, STEVE	
STREET ADDRESS	2204-26TH AVE. E.	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE		<input type="checkbox"/> Delete
NAME	FAJARDO, JOSH	
STREET ADDRESS	2705 ARMENIA	
CITY-ST-ZIP	TAMPA FL 33614	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Snyder, Richard	
STREET ADDRESS	1232 Jbanies Ct	
CITY-ST-ZIP	Rock Hill, SC 29732	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marjorie B. Lehman	
STREET ADDRESS	5421 Sharon Trail	
CITY-ST-ZIP	Lakeland, FL 33810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Marjorie B. Lehman* Marjorie B. Lehman 4/11/05 (863)853-5483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #