

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36389

FILED  
Jan 19, 2009  
Secretary of State

**Entity Name:** NEW BEGINNINGS FREE METHODIST CHURCH, INC.

**Current Principal Place of Business:**

3104 SOUTH BRYAN ROAD  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

5421 SHARON TRAIL  
LAKELAND, FL 33810

**New Mailing Address:**

5421 SHARON TRAIL  
LAKELAND, FL 33810 US

**FEI Number:** 59-2990272

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEHMAN, MARJORIE B  
5432 SHARON TRAIL  
LAKELAND, FL 33810 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: PD ( ) Delete  
Name: SNYDER, RICHARD  
Address: 1232 JOANIES CT  
City-St-Zip: ROCK HILL, SC 29732

Title: S ( ) Delete  
Name: PANNELL, DONNA  
Address: 2315 W. BURKEST  
City-St-Zip: TAMPA, FL 33604

Title: DT ( ) Delete  
Name: LEHMAN, MARJORIE  
Address: 5421 SHARON TRAIL  
City-St-Zip: LAKELAND, FL 33810

Title: T ( ) Delete  
Name: PANNELL, EDWARD  
Address: 2315 W BURKE ST.  
City-St-Zip: TAMPA, FL 33604

Title: T ( ) Delete  
Name: FAJARDO, JOSH  
Address: 2705 ARMENIA  
City-St-Zip: TAMPA, FL 33614

**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:

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: MARJORIE B. LEHMAN

DT

01/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date