


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-06-2006 90017 011 ****70.00

DOCUMENT # N43837 1. Entity Name NEW BEGINNING WORSHIP AND PRAISE MINISTRIES, INC.					
Principal Place of Business C/O ELDER JIMMY D. JEFFERSON 5111 N PEARL ST JACKSONVILLE FL 32208			Mailing Address C/O ELDER JIMMY D. JEFFERSON 1767 DAYTONA LANE JACKSONVILLE FL 32218 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number 59-3127221		
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> \$8.75 Additional Fee Required Not Applicable			
6. Name and Address of Current Registered Agent JEFFERSON, JIMMY D 1767 DAYTONA LN JACKSONVILLE FL 32218			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-certifying)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	P JEFFERSON, JIMMY D. 1767 DAYTONA LANE JACKSONVILLE FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BROOKS, LAURETTE 4727 RUCKNER RD JACKSONVILLE FL 32207	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST STEPHENSON, JACKIE 7066 WELLARD RD JACKSONVILLE FL 32209	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JEFFERSON, ERNESTINE 1767 DAYTONA LANE JACKSONVILLE FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C FELIX, THOMAS II 1439 BRETON RD JACKSONVILLE FL 32208	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TA Coretta Albright 4500 Baymeadows Rd #268 Jacksonville FL 32217	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR Lucile Lewis 1486 W. 25th St Jacksonville, FL 32209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR Lorraine Brooks 4763 Barnes Rd Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Jimmy D. Jefferson</u> - Jimmy D. Jefferson 2/10/06 904 353-1272 <small>SIGNATURE AND TYPE/DOES PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					