

FILE NOW: FILING FEE IS \$61.2

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Morone
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 20, 1996 08:00 AM
Secretary of State



DOCUMENT # N49244 (9)
1. Corporation Name
NEW BEGINNINGS FELLOWSHIP MINISTRIES, INC.

Principal Place of Business: **2701 BROADWAY FT LAUDERDALE FL 33311 US**
Mailing Address: **1119 NW 10TH TER FT LAUDERDALE FL 13331-6139 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **06/05/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0333041**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**DUPONT, MICHAEL
1119 NW 10TH TERRACE
FT LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent (1-4)
1. Name
2. Street Address (P.O. Box Number is Not Acceptable)
3. City, State, and Zip Code (e.g., **FL 85**)
4. City

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the undersigned, who is a duly qualified and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, hereby certifies that the information furnished in this 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ (NOTE: Registered agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	MT	<input type="checkbox"/> DELETE
NAME	BARNES, RICHARD	
STREET ADDRESS	7402 NW 10 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORROW, RUBY	
STREET ADDRESS	PO BOX 10244 NA	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRICHARD, JUANITA	
STREET ADDRESS	1109 35TH ST	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HIGGINS, BRENDA	
STREET ADDRESS	2530 AVE R	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DUPONT, MICHAEL	
STREET ADDRESS	1119 NW 10TH TER	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DUPONT, VERNA	
STREET ADDRESS	1119 NW 10TH TER	
CITY-ST-ZIP	FT LAUDERDALE FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	STREET ADDRESS	
3	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4	NAME	
5	STREET ADDRESS	
6	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7	NAME	
8	STREET ADDRESS	
9	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME	
11	STREET ADDRESS	
12	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Verna Dupont* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
Date: *March 15-96*
Daytime Phone #: *305-533-7837*

CR2E037 (12/95)