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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49244

1. Corporation Name

NEW BEGINNINGS CHRISTIAN CENTER MINISTRIES, INC.

Principal Place of Business

1119 N.W. 10TH TERRACE
FT. LAUDERDALE FL 33311
US

Mailing Address

1119 N.W. 10TH TERRACE
FT. LAUDERDALE FL 33311
US



2. Principal Place of Business

21 4881 N. S.R. 7

Suite, Apt. #, etc.

City & State

23 LAUDERDALE LAKES, FL

Zip Country

24 33319 25 USA

2a. Mailing Address

26 P.O. Box 8721

Suite, Apt. #, etc.

City & State

28 FT. LAUDERDALE, FL

Zip Country

29 33310 30 USA

3. Date Incorporated or Qualified

06/05/1992

4. FEI Number
65-0333041

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE
NAME MCPUNE
STREET ADDRESS 2111 BRANDY WINE
CITY-ST-ZIP WEST PALM BCH FL

TITLE TD DELETE
NAME MORROW, RUBY
STREET ADDRESS PO BOX 10244 NA
CITY-ST-ZIP RIVIERA BEACH FL

TITLE D DELETE
NAME BURNS, WILLIE
STREET ADDRESS 1405 W 33 ST
CITY-ST-ZIP RIVIERA BCH FL

TITLE D DELETE
NAME BOWMAN, CATHERINE
STREET ADDRESS 1001 NW 43 ST
CITY-ST-ZIP MIAMI FL

TITLE V DELETE
NAME DUPONT, MICHAEL
STREET ADDRESS 1119 NW 10TH TER
CITY-ST-ZIP FT LAUDERDALE FL

TITLE P DELETE
NAME DUPONT, VERNA
STREET ADDRESS 1119 NW 10TH TER
CITY-ST-ZIP FT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99
Date

Daytime Phone #

CR2E037 (1/198)