

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49244

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: NEW BEGINNINGS CHRISTIAN CENTER MINISTRIES, INC.

**Current Principal Place of Business:**

1845 N.W. 38 AVE.  
LAUDERHILL, FL 33319 US

**New Principal Place of Business:**

**Current Mailing Address:**

1845 N.W. 38 AVE.  
LAUDERHILL, FL 33319 US

**New Mailing Address:**

FEI Number: 65-0333041      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DUPONT, MICHAEL  
1845 N.W. 38 AVE.  
LAUDERHILL, FL 33319 US

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

DUPONT, VERNA  
1845 N.W. 38 AVE.  
LAUDERHILL, FL 33319 US

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: VERNA DUPONT

04/30/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DUPONT, JOAN B  
Address: 120 N. KEY ST.  
City-St-Zip: QUINCY, FL 32351

Title: TD ( ) Delete  
Name: MORROW, RUBY  
Address: PO BOX 10244 NA  
City-St-Zip: RIVIERA BEACH, FL

Title: D ( ) Delete  
Name: BOWMAN, CATHERINE  
Address: 1001 NW 43 ST  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: DUPONT, MICHAEL  
Address: 12450 N.W. 52 COURT  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: P ( ) Delete  
Name: DUPONT, VERNA  
Address: 12450 N.W. 52 COURT  
City-St-Zip: CORAL SPRINGS, FL 33076

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SNEED, SARIA  
Address: 4918 CYPRESS WAY  
City-St-Zip: COCONUT, FL 33373

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SNEED, DARON  
Address: 4918 CYPRESS WAY  
City-St-Zip: COCNUT CREEK, FL 33373

Title: D (X) Change ( ) Addition  
Name: BELL, ELIJAH  
Address: 4561 WEST MCNAB RD  
City-St-Zip: POMPANO, FL 33069

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: VERNA DUPONT

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date