

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49244

FILED
Apr 21, 2009
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, VERNA
1845 N.W. 38 AVE.
LAUDERHILL, FL 33319 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: D () Delete
Name: SNEED, SARIA
Address: 4918 CYPRESS WAY
City-St-Zip: COCONUT, FL 33373

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

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

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

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: () 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: VERNA DUPONT

DR

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date