

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 22, 2004  
Secretary of State**

DOCUMENT# N93000002795

Entity Name: NEW BEGINNINGS CHURCH, INC.

**Current Principal Place of Business:**

412 W HWY 90  
CRESTVIEW, FL 32536

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 627  
CRESTVIEW, FL 325360627 US

**New Mailing Address:**

FEI Number: 59-3188775      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

GARRETT, RALPH D.  
3265 ANDY LANE  
CRESTVIEW, FL 32539      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: GARRETT, RALPH D  
Address: 3265 ANDY LANE  
City-St-Zip: CRESTVIEW, FL 32539

Title: D      ( ) Delete  
Name: MERRITT, ROBERT E  
Address: 5301 MERRITT DRIVE  
City-St-Zip: BAKER, FL 32531

Title: D      ( ) Delete  
Name: NORMAN, DONNA  
Address: 5417-B MALCOLM TUCKER  
City-St-Zip: CRESTVIEW, FL 32536

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RALPH D. GARRETT

D

10/22/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date