


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90352 016 \*\*\*\*70.00

<b>DOCUMENT # N9500000683</b>					
1. Entity Name NEW BEGINNING LIFE CHRISTIAN CENTER, INC.					
Principal Place of Business 1050 S. 56 AVE W HOLLYWOOD, FL 33023 US			Mailing Address P O BOX 3871 HOLLYWOOD, FL 33083 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0565294	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FOSTER, ANTOINETTE G 5400 SW 21ST ST W HOLLYWOOD, FL 33023				Name <u>Antoinette G. Foster</u>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<u>5018 SW 23 Street</u>	
				City <u>Hollywood</u> <u>FL</u> Zip Code <u>33023</u>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Antoinette Foster</u> <u>Antoinette G. Foster</u>				DATE <u>4/13/05</u>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when renewing)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOSTER, VICTOR C	NAME	<u>VICTOR C. FOSTER</u>		
STREET ADDRESS	5400 SW 21 STREET	STREET ADDRESS	<u>5018 SW 23 Street</u>		
CITY-ST-ZIP	HOLLYWOOD, FL 33023	CITY-ST-ZIP	<u>HOLLYWOOD, FL 33023</u>		
TITLE	V <input type="checkbox"/> Delete	TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOSTER, ANTOINETTE G	NAME	<u>Antoinette G. Foster</u>		
STREET ADDRESS	5400 SW 21 STREET	STREET ADDRESS	<u>5018 SW 23 STREET</u>		
CITY-ST-ZIP	HOLLYWOOD, FL 33023	CITY-ST-ZIP	<u>HOLLYWOOD, FL 33023</u>		
TITLE	D <input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KELLY, BOBBY F.	NAME	<u>Bobby F. Kelly</u>		
STREET ADDRESS	2319 WILSON STREET #3	STREET ADDRESS	<u>2222 Van Buren Street #4</u>		
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP	<u>HOLLYWOOD, FL 33020</u>		
TITLE	DT <input type="checkbox"/> Delete	TITLE			
NAME	CARSON, ROCHELLE	NAME			
STREET ADDRESS	749 SW 3RD STREET	STREET ADDRESS			
CITY-ST-ZIP	DANIA, FL 33004	CITY-ST-ZIP			
TITLE	DS <input type="checkbox"/> Delete	TITLE			
NAME	MCLAIN, JAMAAL	NAME			
STREET ADDRESS	4600 SW 25 STREET	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33023	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	Director/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<u>TYKING SIMONETTE</u>		
STREET ADDRESS		STREET ADDRESS	<u>203 NW 3rd Court</u>		
CITY-ST-ZIP		CITY-ST-ZIP	<u>HALLANDALE, FL 33009</u>		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Antoinette Foster</u> <u>Antoinette G. Foster</u>				Date <u>4/13/05</u> Daytime Phone # <u>9549643101</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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