


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90198 044 \*\*\*\*70.50

<b>DOCUMENT # N95000000683</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 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 5018 SW 23 ST W HOLLYWOOD, FL 33023			Name <u>ANTOINETTE G. FOSTER</u> Street Address (P.O. Box Number is Not Acceptable) <u>2420 SW 82 TERRACE</u> City <u>MIRAMAR</u> FL Zip Code <u>33025</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><i>Antoinette Foster</i></u> VP, Antoinette G. Foster (VP)			DATE <u>4/24/06</u>		
Filing Fee is \$61.25 Due by May 1, 2006			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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, VICTOR C		NAME	VICTOR C. FOSTER	
STREET ADDRESS	5018 SW 23 ST		STREET ADDRESS	2420 SW 82 TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33023		CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, ANTOINETTE G		NAME	ANTOINETTE G. FOSTER	
STREET ADDRESS	5018 SW 23 ST		STREET ADDRESS	2420 SW 82 TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33023		CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, BOBBY F.		NAME		
STREET ADDRESS	222 VAN BAREN ST #4		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAIN, JAMAAL		NAME	JAMAAL MCLAIN	
STREET ADDRESS	4600 SW 25 STREET		STREET ADDRESS	4600 SW 25 STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33023		CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONETTE, TYRICHA		NAME	TYKICHA SIMONETTE	
STREET ADDRESS	302 NW 34 CT		STREET ADDRESS	302 NW 3 COURT	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL 33009	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.					
SIGNATURE: <u><i>Antoinette Foster</i></u> Antoinette G. Foster			Date: <u>4/24/06</u>		Daytime Phone #: <u>954 881 3826</u>