


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90048 048 ****70.00

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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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



03262007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0565294

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FOSTER, ANTOINETTE G
2420 SW 82 TERRACE
MIRAMAR, FL 33025

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

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  **Antoinette G. Foster, V.P.** **4/10/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

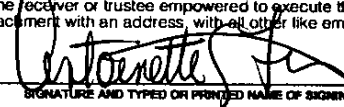
Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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 FOSTER, VICTOR C 2420 SW 82 TERRACE MIRAMAR, FL 33025	TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRYCE, CAROLYN 9610 NW 24 STREET SUNRISE, FL 33322
TITLE V	<input type="checkbox"/> Delete FOSTER, ANTOINETTE G 2420 SW 82 TERRACE MIRAMAR, FL 33025	TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FRED LEGARE 2464 ARTHUR STREET HOLLYWOOD, FL 33020
TITLE D	<input type="checkbox"/> Delete KELLY, BOBBY F. 222 VAN BAREN ST #4 HOLLYWOOD, FL 33020	TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LEE, TOYIA 10140 SW 18 STREET MIRAMAR, FL 33025
TITLE DT	<input checked="" type="checkbox"/> Delete CARSON, ROCHELLE 749 SW 3RD STREET DANIA, FL 33004	TITLE DIRECTORS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CARSON, ROCHELLE 749 SW 3 STREET DANIA, FL 33004
TITLE DS	<input type="checkbox"/> Delete MCLAIN, JAMAAL 4800 SW 25 STREET HOLLYWOOD, FL 33023	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT	<input type="checkbox"/> Delete SIMONETTE, TYKICHA 302 NW 3 COURT HALLANDALE, FL 33009	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE:  **Antoinette G. Foster** **4/10/07** **954 881 3826**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #