

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 10, 2009
Secretary of State**

DOCUMENT# N95000000683

Entity Name: NEW BEGINNING LIFE CHRISTIAN CENTER, INC.

Current Principal Place of Business:

1050 S. 56 AVE
W HOLLYWOOD, FL 33023 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 3871
HOLLYWOOD, FL 33083 US

New Mailing Address:

FEI Number: 65-0565294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOSTER, ANTOINETTE G
2420 SW 82 TERRACE
MIRAMAR, FL 33025 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: P () Delete
Name: FOSTER, VICTOR C
Address: 2420 SW 82 TERRACE
City-St-Zip: MIRAMAR, FL 33025
- Title: V () Delete
Name: FOSTER, ANTOINETTE G
Address: 2420 SW 82 TERRACE
City-St-Zip: MIRAMAR, FL 33025
- Title: D () Delete
Name: KELLY, BOBBY F.
Address: 222 VAN BAREN ST #4
City-St-Zip: HOLLYWOOD, FL 33020
- Title: D () Delete
Name: WALTERS, CYNTHIA
Address: 4600 SW 25 STREET
City-St-Zip: HOLLYWOOD, FL 33023
- Title: DS () Delete
Name: MCLAIN, JAMAAL
Address: 4600 SW 25 STREET
City-St-Zip: HOLLYWOOD, FL 33023
- Title: DT () Delete
Name: SIMONETTE, TYKICHA
Address: 302 NW 3 COURT
City-St-Zip: HALLANDALE, FL 33009

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: ANTOINETTE G. FOSTER

VP

03/10/2009

Electronic Signature of Signing Officer or Director

Date