

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000002651</b>	
1. Entity Name <b>NEW BEGINNING MINISTRIES OF CENTRAL FLORIDA, INC.</b>	
Principal Place of Business <b>3625 BONNIE DR APOPKA, FL 32703 US</b>	Mailing Address <b>3625 BONNIE DR APOPKA, FL 32703 US</b>



01112005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3323066</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>KAZMIER, POLLY A 3625 BONNIE DRIVE APOPKA, FL 32703</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KAZMIER, GREGORY R 3625 BONNIE DRIVE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO KAZMIER, POLLY A 3625 BONNIE DRIVE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLIER, SHERRI 3625 BONNIE DRIVE APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SARGENT, AUDY 633 E. 13TH STREET APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENDRICKSON, TINA 3625 BONNIE DR APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPP SARGENT, TONY 3625 BONNIE DR APOPKA, FL 32703

1100000219123  
02/08/05-80015-006 61.25

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IN THIS SPACE**

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:**

*Sherril Collier* **Sherril Collier** 2/4/05 407-788-0884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #