2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003465

FILED Apr 10, 2009 Secretary of State

Entity Name: NEW BEGINNING FULL GOSPEL MINISTRIES, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5310 N.W. ALACHUA,	234 AVE FL 32615				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
5310 N.W. ALACHUA,	234 AVE FL 32615				
FEI Number:	59-3401274	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
BRADLEY, 5310 N.W. ALACHUA,		US			
	named entity of Florida.	submits this statement for the pu	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (BRADLEY, JO 5310 N.W. 23 ALACHUA, FL	4 AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VS (BRADLEY, RE 5310 N.W. 23 ALACHUA, FL	4 AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT (BRADLEY, TA 1326 N.E 13TI GAINESVILLE	H ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (DEBOSE, UM 1326 N.E 13TI GAINESVILLE	H ST	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	D (BROWN, JULI 5934 S E 9TH HAWTHORNE	PLACE	Title: Name: Address: City-St-Zip:	() Change() Addition	

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: JOHN K. BRADLEY PD 04/10/2009