

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90017 032 ****70.00

DOCUMENT # N97000001268	
1. Entity Name	
NEW BEGINNINGS BAPTIST CHURCH OF PONTE VEDRA, INC.	

Principal Place of Business	Mailing Address
1050 HIGHWAY A1A PONTE VEDRA BEACH FL 32082 US	P O BOX 309 PONTE VEDRA BEACH FL 32004

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 59-3435781	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
ROWE AND ROWE, P.A. 9471 BAYMEADOWS RD, SUITE 203 JACKSONVILLE FL 32256	
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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☒ Delete	TITLE	SP ☒ Change ☐ Addition
NAME	BENNETT, GREGG	NAME	Jeremy S Gates
STREET ADDRESS	221 STELLAR CT	STREET ADDRESS	713 Rembrandt Ave
CITY-ST-ZIP	PONTE VEDRA FL 32082	CITY-ST-ZIP	St. Augustine, FL 32095
TITLE	VP ☒ Delete	TITLE	VP ☒ Change ☐ Addition
NAME	HENRY, JEREMIAH	NAME	Todd McVay
STREET ADDRESS	12606 STEEPLECHASE LANE	STREET ADDRESS	161 Shelby's Cove Ct
CITY-ST-ZIP	JACKSONVILLE FL 32223	CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	S ☒ Delete	TITLE	S ☒ Change ☐ Addition
NAME	BARFIELD, LORI	NAME	Cindy Clark
STREET ADDRESS	128 MILLCORE LANDE	STREET ADDRESS	280 Odom's Mill Blvd
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SHEIDER, TERESSA	NAME	
STREET ADDRESS	7 STARFISH PLACE	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	POWELL, C E	NAME	
STREET ADDRESS	1800 THE GREENS WAY #401	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SMITH, LEON R	NAME	
STREET ADDRESS	218 NORTH ROSCOE	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Teressa Sheider, Teressa Sheider* 1-26-06 285-4288