2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# N98000003190

Entity Name: NEW BEGINNINGS LIFE CENTER, INC.

Current Principal Place of Business:

3350 COMMERCIAL WAY
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

3350 COMMERCIAL WAY
SPRING HILL, FL 34606

New Mailing Address:

FEI Number: 59-3515814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: TD ( ) Delete
Name: NEWTON, ANGELA
Address: 3350 COMMERCIAL WAY
City-St-Zip: SPRING HILL, FL 34606

Title: SD ( ) Delete
Name: PHELAN, BRIAN
Address: 3350 COMMERCIAL WAY
City-St-Zip: SPRING HILL, FL 34606

Title: PD ( ) Delete
Name: HARRIGAN, EARL
Address: 3350 COMMERCIAL WAY
City-St-Zip: SPRING HILL, FL 34606

Title: VP ( ) Delete
Name: LILLARD, JIM
Address: HOUSE OF THE LORD MINISTRIES
City-St-Zip: AUSTIN, TX

Title: D ( ) Delete
Name: GRISSLER, HANS
Address: 3350 COMMERCIAL WAY
City-St-Zip: SPRING HILL, FL 34606

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: D (X) Change ( ) Addition
Name: GEISSLER, HANS
Address: 3350 COMMERCIAL WAY
City-St-Zip: SPRING HILL, FL 34606

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EARL HARRIGAN PD 04/21/2005

Electronic Signature of Signing Officer or Director — Date