


FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90029 034 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000004087

1. Corporation Name
NEW BEGINNINGS CHRISTIAN ACADEMY, INC.

Principal Place of Business 1119 NW 10TH TERRACE FORT LAUDERDALE FL 33311-6135	Mailing Address 1119 NW 10TH TERRACE FORT LAUDERDALE FL 33311-6135
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2. Principal Place of Business 21 4381 N. STATE RD 7		2a. Mailing Address 2b P.O. Box 8721		3. Date Incorporated or Qualified 07/14/1998	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 65-0852906	
23 City & State LAUDERDALE FL		26 City & State FT. LAUDERDALE FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33319		29 Zip 33310		30 Country USA	
25 Country USA		31 Country USA		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent DUPONT, VERNA 1119 NW 10TH TERRACE FORT LAUDERDALE FL 33311-6135				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City FL			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORROW, RUBY		1.2 NAME		
STREET ADDRESS	PO BOX 10244 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAKER DUPONT, JOAN		2.2 NAME		
STREET ADDRESS	120 N KEY ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	QUINCY FL 32351		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOWMAN, CATHERINE		3.2 NAME		
STREET ADDRESS	1001 NW 43 STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUPONT, VERNA		4.2 NAME		
STREET ADDRESS	1119 NW 10TH TERRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33311-6135		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUPORT, MICHAEL		5.2 NAME		
STREET ADDRESS	1119 NW 10TH TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33311-6135		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Verna Dupont* **3-1-99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)