


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

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000005648</b> 1. Entity Name <b>NEW BEGINNING MINISTRIES, INC.</b>	
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Principal Place of Business <b>6850 ROBINSON RD. JACKSONVILLE FL 32220</b>	Mailing Address <b>6850 ROBINSON RD. JACKSONVILLE FL 32220</b>
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2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>59-3545547</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip	Country	Zip
		Country

1st MOORE CR2E037 (10/05)

**6. Name and Address of Current Registered Agent**

**LEE, JUANITA  
6850 ROBINSON RD.  
JACKSONVILLE FL 32220**

**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 re-registering) 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**

10. OFFICERS AND DIRECTORS	
TITLE	T <input type="checkbox"/> Delete
NAME	DOPSON, HOWARD
STREET ADDRESS	6421 BLUEBIRD RD
CITY-ST-ZIP	JAX FL 32220
TITLE	T <input type="checkbox"/> Delete
NAME	LEE, JUANITA
STREET ADDRESS	6850 ROBINSON RD
CITY-ST-ZIP	JAX FL 32220
TITLE	T <input type="checkbox"/> Delete
NAME	TATHAM, PHYLLIS
STREET ADDRESS	6850 ROBINSON RD
CITY-ST-ZIP	JAX FL 32220
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
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:** *Phyllis Tatham* 1-25-06 904-317-8588