

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005648

FILED
Jan 07, 2008
Secretary of State

Entity Name: NEW BEGINNING MINISTRIES, INC.

Current Principal Place of Business:

6850 ROBINSON RD.
JACKSONVILLE, FL 32220

New Principal Place of Business:

Current Mailing Address:

6850 ROBINSON RD.
JACKSONVILLE, FL 32220

New Mailing Address:

FEI Number: 59-3545547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, JUANITA
6850 ROBINSON RD.
JACKSONVILLE, FL 32220 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: T () Delete
Name: DOPSON, HOWARD
Address: 6421 BLUEBIRD RD
City-St-Zip: JAX, FL 32220

Title: T () Delete
Name: LEE, JUANITA
Address: 6850 ROBINSON RD
City-St-Zip: JAX, FL 32220

Title: T () Delete
Name: TATHAM, PHYLLIS
Address: 6850 ROBINSON RD
City-St-Zip: JAX, FL 32220

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:

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: PHYLLIS TATHAM

OFFI

01/07/2008

Electronic Signature of Signing Officer or Director

_____ Date