

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005648

FILED  
May 07, 2009  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: JUANITA LEE

T

05/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date