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

## Mar 21, 2006 8:00 am **Secretary of State** DOGUMENT #-N98000005737 1. Entity Name 03-21-2006 90019 028 \*\*\*\*61.25 NEW BEGINNINGS PENTECOSTAL CHURCH OF GOD. INC. Principal Place of Business Mailing Address 1256 S JOHN YOUNG PARKWAY KISSIMMEE FL 34741 1256 S JOHN YOUNG PARKWAY KISSIMMEE FL 34742 2. Principal Place of Business Kederick Bibby 045 S DELMONTE CT kΥ 645 S Delmonte Ct Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE KISSIMMEE Kissimmee FL 34758-3267 Applied For City & State 4. FEI Number 59-3538870 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 3475 osceola Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BIBBY, KEDERICK Street Address (P.O. Box Number is Not Acceptable) 1256 S BERMUDA PLAZA KISSIMMEE FL 34742 Zip Code <u>347</u>5 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 reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delete TITLE Change ☐ Addition BIBBY, KEDERICK R NAME NAME s Deimointe 1256 JOHN YOUNG PKWY STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34742 CITY-ST-Z(P CITY-ST-ZIP VD Change Addition Delete TITLE TITLE CROUCH, WILMA NAME NAME 645 & Delmonte 1256 JOHN YOUNG PKWY STREET ADDRESS STREET ADDRESS Kissimmee, FL. 34758 KISSIMMEE FL 34742 CITY-ST-ZIP CITY-ST-ZIP Delete\_ TITLE TITLE Channe NIKZAD, BIBBY A NAME NAME STREET ADDRESS 1256 JOHN YOUNG PKWY STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34742 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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. 4 3/8/06 (407) 944-1981 SIGNATURE