


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90046 049 \*\*\*\*70.00

<b>DOCUMENT # N98000006192</b> 1. Entity Name <b>BEGINNING AGAIN MINISTRIES, INCORPORATED</b>					
Principal Place of Business <b>2205 MAYFAIR WAY #211 TITUSVILLE, FL 32796</b>				Mailing Address <b>P.O. BOX 965 TITUSVILLE, FL 32780</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. <b>31600 Camp Challenge Rd</b>		Suite, Apt. #, etc.			
City & State <b>Sorrento, FL 32776</b>		City & State			
Zip <b>32776</b>		Country <b>LAKE</b>		Zip	
Country		4. FEI Number <b>59-3561182</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BRYANT, JAMES 2205 MAYFAIR WAY #211 TITUSVILLE, FL 32796</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reissuing)			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MERRITT, ROBERT L 1020 TREE LN #C TITUSVILLE, FL 32780	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRYANT, JAMES T 2200 MAYFAIR WAY #1 TITUSVILLE, FL 32796	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Bryant, James J. 31600 Camp Challenge Rd Sorrento, FL 32776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRYANT, KELLY 2200 MAYFAIR WAY #1 TITUSVILLE, FL 32796	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Bryant, Kelley 31600 Camp Challenge Rd Sorrento, FL 32776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MERRITT, YVONNE E 1020 TREE LN #C TITUSVILLE, FL 32780	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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					
<b>SIGNATURE: Robert L. Merritt</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <b>4/15/08</b> Daytime Phone #: <b>321-269-7250</b>					