

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

DOCUMENT # N98000006699

1. Entity Name

NEW BEGINNINGS WORSHIP CENTER, INC.



Principal Place of Business

4940 STACK BLVD
STE C-1
MELBOURNE FL 32901

Mailing Address

4940 STACK BLVD
STE C-1
MELBOURNE FL 32901

54003546



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1905 WESTWOOD BLVD

Suite, Apt. #, etc.

City & State

Melbourne FL

City & State

4. FEI Number

59-3540087

Applied For

Not Applicable

Zip

32901

Country

Brevard

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, EDITH
2180 CLOVER STREET
PALM BAY FL 32905

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

Edith Martinez EDITH MARTINEZ

1/28/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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
NAME MARTINEZ, EDITH ☐ Delete
STREET ADDRESS 2180 CLOVER STREET
CITY- ST- ZIP PALM BAY FL 32905

TITLE
NAME MARTINEZ, ERNEST ☐ Delete
STREET ADDRESS 2180 CLOVER STREET
CITY- ST- ZIP PALM BAY FL 32905

TITLE
NAME CHUNN, GRAY ☒ Delete
STREET ADDRESS 4380 MILWAUKEE AVENUE
CITY- ST- ZIP WEST MELBOURNE FL 32904

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☒ Addition
NAME Elizabeth Dennis
STREET ADDRESS 1480 MARIPOSA DR
CITY- ST- ZIP PALM Bay FL 32905

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Edith Martinez* EDITH MARTINEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04
Date

321-759-5527
Daytime Phone #