

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011105

FILED  
Apr 26, 2009  
Secretary of State

**Entity Name:** NEW BEGINNINGS CHRISTIAN FELLOWSHIP OF HOMESTEAD, INC.

**Current Principal Place of Business:**

15300 SW 288 ST  
HOMESTEAD, FL 330331355

**New Principal Place of Business:**

15300 SW 288 ST  
HOMESTEAD, FL 330331355 US

**Current Mailing Address:**

15300 SW 288 ST  
HOMESTEAD, FL 330331355 US

**New Mailing Address:**

FEI Number: 20-0533671      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LOBOS, WENDY  
1453 N. BLUEBIRD LANE  
HOMESTEAD, FL 33035 US

**Name and Address of New Registered Agent:**

LOBOS, WENDY  
1482 N. BLUEBIRD LANE  
HOMESTEAD, FL 33035 US

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: \_\_\_\_\_ Date: 04/26/2009  
Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:**

Title: DIR ( ) Delete  
Name: THOMPSON, HUGH I  
Address: 29400 SW 202 AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

Title: DIR ( ) Delete  
Name: BELL, MARK  
Address: 343 N.W. 19 STREET  
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete  
Name: WEBER, PAUL  
Address: 19710 SW 87TH AVE.  
City-St-Zip: MIAMI, FL 33157

**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: MARK BELL      MR.      04/26/2009  
Electronic Signature of Signing Officer or Director      Date