

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002210

Entity Name: NEW BEGINNINGS MINISTRY INC.**Current Principal Place of Business:**5000 NW 34TH STREET, SUITE 7
GAINESVILLE, FL 32653**Current Mailing Address:**5729 NW 27TH TERRACE
GAINESVILLE, FL 32653**FEI Number:** 02-0578331**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RESHARD, LENNETTE J MS.
5729 NW 27TH TERRACE, SUITE D
GAINESVILLE, FL 32653 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	C
Name	ADAMS, JULIETTE
Address	6019 NW 26TH ST.
City-State-Zip:	GAINESVILLE FL 32653

Title	B
Name	RESHARD, LATOYA L
Address	5729 NW 27TH TERR
City-State-Zip:	GAINESVILLE FL 32653

Title	V
Name	RESHARD, ERROL W
Address	5729 NW 27TH TERRACE
City-State-Zip:	GAINESVILLE FL 32653

Title	D
Name	BROWN, ALVIN L
Address	1437 SOUTH WEST BETHLEHEM AVE.
City-State-Zip:	FORT WHITE FL 32038

Title	P
Name	RESHARD, LENNETTE
Address	5729 NW 27TH TERRACE
City-State-Zip:	GAINESVILLE FL 32653

Title	T
Name	JONES, SONGO
Address	2509 NW 57TH PL.
City-State-Zip:	GAINESVILLE FL 32653

I hereby 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 all other like empowered.

SIGNATURE: LENNETTE RESHARD**PRESIDENT****07/18/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date