

2022 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:** Yes**Name and Address of Current Registered Agent:**RESHARD, LENNETTE J MS.
5729 NW 27TH TERRACE,
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:** LENNETTE RESHARD

03/14/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title CFO
Name RESHARD, LATOYA L
Address 7907 NW 46TH WAY
City-State-Zip: GAINESVILLE FL 32653

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

Title DIRECTOR
Name WALLACE, MARTIN LUTHER - KING
Address 7907 NW 46TH WAY
City-State-Zip: GAINESVILLE FL 32653

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

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

Title CEO
Name ROBINSON, SONGA
Address 2900 NW 42ND PLACE
City-State-Zip: GAINESVILLE FL 32605

Title DEACON
Name COSTON, GREGORY LORENZO
Address 3235 SE 21ST AVE
City-State-Zip: GAINESVILLE FL 32641

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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

03/14/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WILLIAMS, CARL F
Address	5729 NW 27TH TERRACE
City-State-Zip:	GAINESVILLE FL 32653