

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1100009121

**Entity Name:** NEW BEGINNING REVIVAL CENTER, INC.

**Current Principal Place of Business:**

1113 HWY 92 WEST  
AUBURNDALE, FL 33823

**Current Mailing Address:**

P O BOX 2089  
AUBURNDALE, FL 33823

**FEI Number: 32-0191576**

**Certificate of Status Desired: No**

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

MONDAY, JUANELL  
2575 SUNRISE TERRACE  
AUBURNDALE, FL 33823 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 OD  
Name CHILDS, RICKY PAUL DR.  
Address P O BOX 2089  
City-State-Zip: AUBURNDALE FL 33823

Title OD  
Name CHILDS, RICKY  
Address 1113 HWY 92 WEST  
City-State-Zip: AUBURNDALE FL 33823

Title OD  
Name JESTER, KENNETH  
Address 1113 HWY 92 WEST  
City-State-Zip: AUBURNDALE FL 33823

Title OD, BOARD MEMBER  
Name JOHNS, ANNA RUTH BOARD MEMBER  
Address P O BOX 2089  
City-State-Zip: AUBURNDALE FL 33823

Title ASSOSTAMT PASTER  
Name CUEVAS, ANNA  
Address P O BOX 2089  
City-State-Zip: AUBURNDALE FL 33823

Title PASTOR  
Name MONDAY, JUANELL  
Address 1113 HWY 92 WEST  
City-State-Zip: AUBURNDALE FL 33823

*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: JUANELL MONDAY**

**PASTOR**

**02/22/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date