

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000007971

Entity Name: NEW BEGINNING MISSION MINISTRIES, INC.**Current Principal Place of Business:**2641 RED BUG LAKE ROAD
CASSELBERRY, FL 32707**Current Mailing Address:**2641 RED BUG LAKE ROAD
CASSELBERRY, FL 32707**FEI Number:** 46-4527361**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ASSENT, ANTONIO
2641 RED BUG LAKE ROAD
CASSELBERRY, FL 32707 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	PD
Name	ASSENT, ANTONIO
Address	1955 LAEK MDONALD TRAIL
City-State-Zip:	DELTONA FL 32738

Title	TD
Name	WHITE, BERYL
Address	1429-B OAK PLACE
City-State-Zip:	APOPKA FL 32712

Title	D
Name	HENRY, EARLE
Address	908 POPLAR DRIVE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	SD
Name	THOMAS, CARLETTE
Address	648 KENWICK CIRCLE #205
City-State-Zip:	CASSELBERRY FL 32702

Title	D
Name	PAUL, OSTER H
Address	201 ROSE PETAL LANE
City-State-Zip:	JESUP GA 31545

Title	D
Name	DELAHAYE, MYRTLE
Address	6838 GOLDENEYE DRIVE
City-State-Zip:	ORLANDO FL 32810

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: BERYL WHITE**TREASURER****04/27/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date