

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000007971

Entity Name: NEW BEGINNING MISSION MINISTRIES, INC.**Current Principal Place of Business:**244 LONGWOOD HILLS RD.
LONGWOOD, FL 32750**Current Mailing Address:**244 LONGWOOD HILLS RD.
LONGWOOD, FL 32750 US**FEI Number: 46-4527361****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ASSENT, ANTONIO
1955 LAKE MCDONALD TRAIL
DELTONA, FL 32738 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 LAKE MCDONALD TRAIL
City-State-Zip:	DELTONA FL 32738

Title	SECRETARY
Name	ASSENT, MAUREEN
Address	1955 LAKE MCDONALD TRAIL
City-State-Zip:	DELTONA FL 32738

Title	VP
Name	GANGA-SINGH, ANTHONY
Address	14020 CHICORA CROSSING
City-State-Zip:	ORLANDO FL 32828

Title	OFFICER
Name	GEORGIEV, VICTOR
Address	1270 STONE ST.
City-State-Zip:	OVIEDO FL 32765

Title	TD
Name	GANGASINGH, PAT-ANN
Address	14020 CHICORA CROSSING BLVD.
City-State-Zip:	ORLANDO FL 32828

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

Title	ASST. TREASURER
Name	JAMES, CHARMAINE
Address	2235 CANDLENUT CIRCLE
City-State-Zip:	APOPKA FL 32712

Title	OFFICER
Name	RIVERA, JOSE
Address	2400 VIRGINIA DR.
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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: ANTONIO ASSENT**PASTOR****01/19/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date