

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000001726

**Entity Name:** NEW BEGINNINGS CHRISTIAN CENTER, INC

**Current Principal Place of Business:**

123 HOPEWELL DR  
OCOEE, FL 34761

**FILED**  
**Apr 26, 2024**  
**Secretary of State**  
**0813227614CC**

**Current Mailing Address:**

123 HOPEWELL DR  
OCOEE, FL 34761 US

**FEI Number: 84-4713304**

**Certificate of Status Desired: No**

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

LEWIS, DWAYNE  
123 HOPEWELL DR  
OCOEE, FL 34761 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            PRES  
Name            LEWIS, DWAYNE PASTOR  
Address        123 HOPEWELL DR  
City-State-Zip: OCOEE FL 34761

Title            ASSOCIATE PASTOR  
Name            SIMMONS, WILLIE  
Address        824 ALABAMA ST  
City-State-Zip: APOPKA FL 32703

Title            DIRECTOR  
Name            JOHNSON, LINDA  
Address        2081 ONETA CT  
City-State-Zip: ORLANDO FL 32818

Title            DIRECTOR  
Name            CHARLES, KIESHA  
Address        3801 WESTWOOD RD  
City-State-Zip: ORLANDO FL 32808

Title            DIRECTOR  
Name            STEVENSON, BERNICE  
Address        3580 ROCHELLE LANE  
City-State-Zip: APOPKA FL 32712

Title            BOARD OF DEACONS  
Name            JOHNSON, HARRY  
Address        2081 ONETA CT  
City-State-Zip: ORLANDO FL 32818

Title            BOARD OF DEACON  
Name            RIVERS, RUFUS  
Address        6429 SEABURY WAY  
City-State-Zip: ORLANDO FL 32808

*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: DWAYNE LEWIS**

**PASTOR/PRESIDENT**

**04/26/2024**

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

\_\_\_\_\_  
Date