

2021 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 19, 2021
Secretary of State
5520019539CC

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 CHAIRMAN, BOARD OF DIRECTORS
Name DOUGLAS, BEVERLY
Address 9321 OGLETHORPE DR
City-State-Zip: GROVELAND FL 34736

Title DIR
Name GRIGGS, JOANN
Address 7111 BJ CREEKWAY
City-State-Zip: ORLANDO FL 32818

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

Continues on page 2

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

04/19/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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