

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N22000007354

**Entity Name:** NEW BEGINNINGS BAPTIST ACADEMY INC

**Current Principal Place of Business:**

5940 MASSACHUSETTS AVENUE  
NEW PORT RICHEY,, FL 34690

**Current Mailing Address:**

5940 MASSACHUSETTS AVE  
NEW PORT RICHEY, FL 34652 UN

**FEI Number:** 88-3021090

**Certificate of Status Desired:** No

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

KESTERMANN, TAMMY  
4950 MASSACHUSETTS AVENUE  
NEW PORT RICHEY,, FL 34652 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           ADMI  
Name           KESTERMANN, TAMMY  
Address        5940 MASSACHUSETTS AVE  
City-State-Zip: NEW PORT RICHEY FL 34652

Title           TREA  
Name           TOBECK, LORETTA  
Address        5940 MASSACHUSETTS AVE  
City-State-Zip: NEW PORT RICHEY FL 34652

Title           CHURCH TREASURER  
Name           WILSON, SHIRLEY  
Address        5940 MASSACHUSETTS AVENUE  
City-State-Zip: NEW PORT RICHEY, FL 34652

Title           CHURCH SEC.  
Name           DICKEY, MICHELLE  
Address        5940 MASSACHUSETTS AVENUE  
City-State-Zip: NEW PORT RICHEY, FL 34652

*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:** TAMMY KESTERMANN

ADM

04/02/2023

Electronic Signature of Signing Officer/Director Detail

Date