NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006155

1. Entity Name

NEW BEGINNING CHURCH OF DELIVERANCE, INC.



FILED 04 MAR 18 PM 2:26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal P				3. Mailing Address The Same				REINSTATEMENT 02-0				
Suite, Apt. #, etc.				Suite, Apt. #, etc.						WRITE IN TH		
City & State Miami, Florida				City & State				## FEI Number Applied For Not Applicable				
Zip 33147		Country	Zi	ρ	Cou	Country		5. Certificate of Status Desired See Required Fee Required				
			7. Name and Address of Current Registered Agent									
DO NOT WRITE IN THIS SPACE						Spiegei & Otrera, P.A.						
						Street Address (P.O. Box Number is Not Acceptable)						
						1840 SW 22nd Street, 4th Floor						
						^{City} Miami				F	L Zip Code 33145	
8. 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. I am lam the obligations of registered agent. SIGNATURE By: Natalia Utrera, Vice-President Signature, level or published agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											n lamiliar with, and	accept
		IS \$61.25 Amended UBR		9. Election Cam Trust Fund Co	_			\$5.00 May Be Added to Fees	F		ck Payable to artment of Sta	te
10.	OFFICERS AND I	TITE			400	~,	'a a					
NAME STREET ADDRESS CITY-ST-ZIP PD CHARLES E. CARTY 3321 NW 214th Street, Miami, FL 33050						E ET ADDRESS -ST-ZIP		03/24/0)40	10050	25 84 18 **364.	50
NAME STREET ADDRESS CITY-ST-ZIP	11605 SW/ 220th Street Miami El 22170											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ME WELLINGTON FERGUSON 4230 NIW 23rd Court Microi El 22142							DO	NO.	T WR	ITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14/29 NNA/ 402rd Stroot Miami El 221/7							IN T	HIS	SPA	CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DOUGLAS W 220th Street, I	Miami, F	L 33170								
TITLE NAME STREET ADDRESS CITY+S1-ZiP	14500 NE 454 C+ # 402 N M Docob Et 22462											
indicated of the cor	on this repor poration or th	e information supplied w t or supplemental repor ne receiver or trustee er dress, with all other like	is true and npowered to	accurate and that my p execute this report	/ signat	ure shall ha	ive the s	same legal effect as if	made un	der oath: that	I am an officer or o	firector

CHARLES E. CARTY

SIGNING OFFICER OR DIRECTOR

3-10-2004

Daytime Phone #