

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006155

FILED
Jul 28, 2008
Secretary of State

Entity Name: NEW BEGINNING CHURCH OF DELIVERANCE OF ALL NATIONS, INC.

Current Principal Place of Business:

6965 N.W. 15TH AVENUE
MIAMI, FL 33147

New Principal Place of Business:

6319 NW 2ND AVE
MIAMI, FL 33150

Current Mailing Address:

6965 N.W. 15TH AVENUE
MIAMI, FL 33147

New Mailing Address:

915 NW 1 ST AVENUE
BAY 3A
MIAMI, FL 33136

FEI Number: 65-1044998 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CUMMINGS-GRAYSON & CO.
915 NW 1ST AVE
BAY 3-A
MIAMI, FL 33136 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARTY, CHARLES E
Address: 3321 NW 214TH ST
City-St-Zip: MIAMI, FL 33050

Title: SD () Delete
Name: GRAYSON-CARTY, MARCIA G
Address: 1720 NW NORTH RIVER DR #401
City-St-Zip: MIAMI, FL 33125

Title: TD () Delete
Name: CARTY, AUDLEY
Address: 2511 NW 10TH STREET
City-St-Zip: SOUTH BAY, FL 33493

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARCIA CARTY

MRS

07/28/2008

Electronic Signature of Signing Officer or Director

Date