

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006155

FILED  
May 11, 2009  
Secretary of State

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

**Current Principal Place of Business:**

6319 NW 2ND AVE  
MIAMI, FL 33150

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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:**

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

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

**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: CARTY AUDLEY

PD

05/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date