2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2007
Secretary of State

DOCUMENT# N01000005231

Entity Name: NEW BEGINNINGS OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

23 VERMONT AVE.
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

23 VERMONT AVE.
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EMPSON, THEODORE G
23 VERMONT AVE.
ROCKLEDGE, FL 32955 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: VTS ( ) Delete
Name: EMPSON, LINDA M
Address: 23 VERMONT AVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: T ( ) Delete
Name: LASSITER, EVELYN REV.
Address: 20 SUTTON ST. #16
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: T ( ) Delete
Name: MELLERT, ERIC J
Address: 727 WHITE PINE CT.
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: T ( ) Delete
Name: DRUCK, JAMES
Address: 1435 W. CENTRAL AVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: T ( ) Delete
Name: DRUCK, ABBIE
Address: 1435 W. CENTRAL AVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: T ( ) Delete
Name: CHESTER, MICHAEL PASTOR
Address: 130 CLEVELAND AVE.
City-St-Zip: COCOA BEACH, FL 32931 US

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:

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 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: LINDA M. EMPSON VTS 01/06/2007

Electronic Signature of Signing Officer or Director — Date