

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # 701000005956

1. Entity Name

Its A New Beginning Outreach Inc.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

27 OCT 31 AM 10:16

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2. Principal Place of Business - No P.O. Box #

8644 NW 22 AVE
Suite, Apt. #, etc.
miami FL

3. Mailing Address

11434 NW 22 AVE
Suite, Apt. #, etc.

City & State

33147

City & State

miami FL

Zip

Country

Dade

Zip

33167

Country

Dade

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Darlene Braxton

Street Address (P.O. Box Number is Not Acceptable)

20320 NW 29ct

City

miami

FL

Zip Code

33056

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 familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/27/07

DATE

FEE IS \$61.25
Initial or Amended AR

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Darlene Braxton
STREET ADDRESS	20320 NW 29ct
CITY-ST-ZIP	miami FL 33056
TITLE	VPD
NAME	Priscilla Dwight
STREET ADDRESS	11434 NW 22 AVE
CITY-ST-ZIP	miami FL 33167
TITLE	Treasurer
NAME	Devonnd Dwight
STREET ADDRESS	8644 NW 22 AVE
CITY-ST-ZIP	miami FL 33147
TITLE	board member
NAME	Diamond Smith
STREET ADDRESS	1900 NW 29 AVE
CITY-ST-ZIP	miami FL 33056
TITLE	board member
NAME	spectacular Smith
STREET ADDRESS	1900 NW 27 AVE
CITY-ST-ZIP	miami FL 33056
TITLE	REINSTATEMENT
NAME	06-07
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/07 (786) 4437306

Date

Daytime Phone #