# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 01, 2007**
**Secretary of State**

DOCUMENT# N03000004227

**Entity Name:** NEW BEGINNINGS MIRACLE AND DELIVERANCE CENTER, MULTICULTURAL MINISTRIES, INC.

**Current Principal Place of Business:**

4938 MOOG RD
HOLIDAY, FL 34690

**New Principal Place of Business:**

500 E OAKWOOD AVE
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

P.O.BOX 1408
NEW PORT RICHEY, FL 34656

**New Mailing Address:**

7520 ORCHID LAKE RD
NEW PORT RICHEY, FL 34653

**FEI Number: 91-2198824** **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:**

JACKSON, JOYCE M
7525 VIENNA LN
PORT RICHEY, FL 34668 US

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

JACKSON, JOYCE M
7118 N. MAPLEHURST DR
PORT RICHEY, FL 34668 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: JOYCE JACKSON 10/01/2007
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: JACKSON, JOYCE
Address: 7525 VIENNA LN.
City-St-Zip: PORT RICHEY, FL 34668

Title: VD ( ) Delete
Name: JACKSON, MARVIN
Address: 7525 VIENNA LN
City-St-Zip: PORT RICHEY, FL 34668

Title: D (X) Delete
Name: BALLARD, DENISE
Address: 6604 LENIOR DR
City-St-Zip: PORT RICHEY, FL 34668

Title: O ( ) Delete
Name: KIZZIA, LILIAN
Address: 5327 MADISON AVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: O ( ) Delete
Name: PARKER, DEBORAH
Address: 7525 VIENNA LANE
City-St-Zip: PORT RICHEY, FL 34668

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: JACKSON, JOYCE
Address: 7118 MAPLEHURST AVE
City-St-Zip: PORT RICHEY, FL 34668

Title: VD (X) Change ( ) Addition
Name: JACKSON, MARVIN
Address: 7118 MAPLEHURST AVE
City-St-Zip: PORT RICHEY, FL 34668

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

Title: D (X) Change ( ) Addition
Name: KIZZIA, LILIAN
Address: 5327 MADISON AVE
City-St-Zip: NEW PORT RICHEY, FL 34655

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: LILLIAN KIZZIA O 10/01/2007
Electronic Signature of Signing Officer or Director Date