


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90085 021 ****70.00

DOCUMENT # N06000001105					
1. Entity Name NEW BEGINNINGS DELIVERANCE AND OUTREACH MINISTRIES, INC.					
Principal Place of Business 202 SOUTH MAGNOLIA AVENUE OCALA, FL 34474			Mailing Address P.O. BOX 255 REDDICK, FL 32686		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01052007 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-3138906				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THAGGARD, LANITA 15155 NW 29TH TERRACE REDDICK, FL 32686			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME WILLINGHAM, ROBERT LEE JR STREET ADDRESS P.O. BOX 552 CITY-ST-ZIP ALACHUA, FL 32616	<input type="checkbox"/> Delete		TITLE P NAME WILLINGHAM, ROBERT LEE JR STREET ADDRESS 312 OAK TRACK DRIVE CITY-ST-ZIP OCALA, FL 34472	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME WILLINGHAM, CAROLYN D STREET ADDRESS P.O. BOX 552 CITY-ST-ZIP ALACHUA, FL 32616	<input type="checkbox"/> Delete		TITLE V NAME WILLINGHAM, CAROLYN D STREET ADDRESS 312 OAK TRACK DRIVE CITY-ST-ZIP OCALA, FL 34472	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BRADLEY, FLORINE STREET ADDRESS 2295 NW 142ND PLACE CITY-ST-ZIP CITRA, FL 32686	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME THAGGARD, DWAYNE STREET ADDRESS 15155 NW 29TH TERRACE CITY-ST-ZIP REDDICK, FL 32686	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME JOHNSON, CLARENCE STREET ADDRESS P.O. BOX 723 CITY-ST-ZIP REDDICK, FL 32686	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Robert Lee Willingham, Jr.</u> ROBERT LEE WILLINGHAM, JR. 4/16/2007 (352) 246-5664					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					