

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90036 015 ****61.25

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

4. FEI Number

20-3138906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THAGGARD, LANITA
15155 NW 29TH TERRACE
REDDICK FL 32686**

Name

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

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **WILLINGHAM, ROBERT LEE JR**
STREET ADDRESS **312 OAK TRACK DRIVE**
CITY-STATE-ZIP **OCALA FL 34472**

TITLE **V** ☐ Delete
NAME **WILLINGHAM, CAROLYN D**
STREET ADDRESS **312 OAK TRACK DRIVE**
CITY-STATE-ZIP **OCALA FL 34472**

TITLE **D** ☐ Delete
NAME **BRADLEY, FLORINE**
STREET ADDRESS **2295 NW 142ND PLACE**
CITY-STATE-ZIP **CITRA FL 32686**

TITLE **D** ☐ Delete
NAME **THAGGARD, DWAYNE**
STREET ADDRESS **15155 NW 29TH TERRACE**
CITY-STATE-ZIP **REDDICK FL 32686**

TITLE **D** ☐ Delete
NAME **JOHNSON, CLARENCE**
STREET ADDRESS **P.O. BOX 723**
CITY-STATE-ZIP **REDDICK FL 32686**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert Lee Jr. Willingham

3/2/08