

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001606

FILED
Feb 04, 2009
Secretary of State

Entity Name: J&C NEW BEGINNINGS OUTREACH MINISTRY, INC.

Current Principal Place of Business:

105 WIGGINS AVE
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

105 WIGGINS AVE
AVON PARK, FL 33825

New Mailing Address:

FEI Number: 20-4064655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENSON, JAMES
105 WIGGINS AVE
AVON PARK, FL 33825 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: DP () Delete
Name: STEVENSON, JAMES
Address: 105 WIGGINS AVE
City-St-Zip: AVON PARK, FL 33825

Title: DS () Delete
Name: NICHOLS, LINDA
Address: 14 HIGHVIEW CT
City-St-Zip: MASCOTTE, FL 34753

Title: DT () Delete
Name: THORNTON, DRUCILLA A
Address: 34292 BLAIRE AVE
City-St-Zip: NEW BALTIMORE, MI 48047

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:

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: JAMES STEVENSON

O/D

02/04/2009

Electronic Signature of Signing Officer or Director

Date