

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N12000011617

**FILED**  
**Nov 19, 2013**  
**Secretary of State**

**Entity Name:** NEW BEGINNING COMMUNITY OUTREACH INC.

**Current Principal Place of Business:**

104 GLADES GLENN DRIVE  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

104 GLADES GLENN DRIVE  
BELLE GLADE, FL 33430

**New Mailing Address:**

**FEI Number:** 27-0765733

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WRISPER, WILLIE  
104 GLADES GLENN DRIVE  
BELLE GLADE, FL 33430 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:** WILLIE WRISPER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** WRISPER, WILLIE  
**Address:** 104 GLADES GLENN DRIVE  
**City-St-Zip:** BELLE GLADE, FL 33430 US

**Title:** T  
**Name:** SPENCER, BARBARA  
**Address:** 104 GLADES GLENN DRIVE  
**City-St-Zip:** BELLE GLADE, FL 33430 US

**Title:** D  
**Name:** WRISPER, QUINTON  
**Address:** 1748 PORT CASTLE CIRCLE  
**City-St-Zip:** WINTER GARDENS, FL 34787 US

**Title:** S  
**Name:** SPENCER, BARBARA  
**Address:** 104 GLADES GLENN DRIVE  
**City-St-Zip:** BELLE GLADE, FL 33430 US

I hereby 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 all other like empowered.

**SIGNATURE:** WILLIE WRISPER

**PRES**

**11/19/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date