Applied For

\$8.75 Additional

Fee Required

Not Applicable

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N38218

1. Corporation Name

NEW BEGINNINGS-AN OUTREACH MINISTRY OF FLORIDA, INC.

Principal Place of Business

9297 86TH WAY NORTH C/O WALTER F. LACY PH.D. LARGO FL 34647

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

23

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

9297 86TH WAY NORTH C/O WALTER F. LACY PH.D. **LARGO FL 34647**

FILED Jun 21, 1999 8:00 am § Secretary of State

06-21-1999 90002 010 ****70.00



3. Date incorporated or Qualifed

5. Certifcate of Status Desired

05/17/1990

59-3086359

4. FEI Number

Zip	Country	Zip	Coi	intry		6. Election Campaign Financing	, L	\$5.00 May Be		
24	25	29 30				Trust Fund Contribution		Added to	Added to Fees	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
	···			81 1	Vame					
LACY, WALTER F.					Street Addre	ess (P.O. Box Number is Not Accep	table)			
9297 86TH WAY NORTH				82 8						
LARGO FL 33777										
D410011				84 (City			85 Zip C	ode	
					Jily		FL	_ 05 2.5 0	.000	
office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State of im familiar with, and accept the obligation	Florida. Such change wa	as authorize	d by the	amed corpo corporatio	oration submits this statement for the n's board of directors. I hereby acc	e purpose o ept the appo	f changing its intment as rec	registered gistered	
SIGNATURE		120 7 6 15	TOTE: Decide			(interestina)	DATE			
12,	Signature, typed or printed name of registered agent a OFFICERS AND		13.	1 vôeur sk	hierrite i edanea	when reinstating) ADDITIONS/CHANGES TO O		ND DIRECTO	RS IN 12	
TITLE	n OFFICERS AND	☐ DELETE		TLE				Change	Addition	
NAME	LACY, WALTER F.			AME				 -		
	9297 86TH WAY NORTH			TREET AD	ORESS					
CITY-ST-ZIP	LARGO FL			my-st-zi	- i					
TITLE	DANGO FL	☐ DELETE						Change	☐ Addition	
NAME	MAYHANAGIAN, ELIZABETH		2.2 N							
STREET ADDRESS	5437 LARCHMONT COURT			TREET AD	DRESS					
CITY-ST-ZIP	PINELLAS PARK FL			ITY-ST-Z						
TITLE	D	☐ DÉLETE			*			Change	☐ Addition	
NAME	GREGG, KATHLEEN		3.2 N							
_				TREET AD	DRESS					
CITY-ST-ZIP	ST. PETERSBURG FL		[my-st-z						
TITLE .	31. FETENSBONG PL	☐ DELETE						Change	Addition	
NAME			4.21	IAME						
STREET ADDRESS				TREET AD	ORESS.					
CITY-ST-ZIP				ITY-ST-ZI						
TITLE	·	☐ DELETE						☐ Change	Addition	
NAME			5.2 N							
STREET ADDRESS			5.3 \$	TREET AD	ORESS					
CITY-ST-ZIP			5.4 0	TY-ST-Z	P					
TITLE		☐ DELETE	6.1 T	TLE				Change	Addition	
NAME			6.2 N	AME						
STREET ADDRESS			6.3 S	TREET AD	DRESS					
CITY-ST-ZIP			6.4 C	ITY-ST-ZI	P					
14. I hereby o	certify that the information supplied with	this filing does not qualify				ection 119.07(3)(i), Florida Statutes	. I further ce	rtify that the in	formation	

officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.