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Jan 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002033 (9)

1. Corporation Name

CHURCH OF NEW BEGINNINGS NEW BEGINNINGS MINISTRIES, INC.

Principal Place of Business

**1412 COLUMBUS AVENUE
LEHIGH ACRES FL 33936**

Mailing Address

**1412 COLUMBUS AVENUE
LEHIGH ACRES FL 33972-2538**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

05/05/1993

3a. Date of Last Report

02/08/1996

4. FEI Number

65-0407417

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**OUTLAW, CHRISTINE REV.
2531 CHARLESTON PARK DRIVE
ALVA FL 33920**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **OUTLAW, CHRISTINE**
STREET ADDRESS **2531 CHARLESTON PARK DRIVE**
CITY-ST-ZIP **ALVA FL 33920**

TITLE **VD** ☐ DELETE
NAME **OUTLAW, L.B.**
STREET ADDRESS **2531 CHARLESTON PARK DRIVE**
CITY-ST-ZIP **ALVA FL 33920**

TITLE **VD** ☐ DELETE
NAME **WILLIAMS, BARBARA**
STREET ADDRESS **3725 6TH STREET WEST**
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

TITLE **SD** ☐ DELETE
NAME **WILLIAMS, MICHELLE**
STREET ADDRESS **3725 6TH STREET WEST**
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

TITLE **TD** ☐ DELETE
NAME **OUTLAW, WINDFORD**
STREET ADDRESS **1412 COLUMBUS AVENUE**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **CHRISTINE OUTLAW** *Christine Outlaw*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-14-97

Daytime Phone # **00881118**

CR2E037 (9/96)