

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06, 1999 8:00am  
Secretary of State

02-06-1999 90014 004 \*\*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000002033

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 33936



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/05/1993

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

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  
NAME OUTLAW, CHRISTINE  
STREET ADDRESS 2531 CHARLESTON PARK DRIVE  
CITY-ST-ZIP ALVA FL 33920

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

14. I 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, with all other like empowered.

SIGNATURE:

Christine Outlaw  
CHRISTINE OUTLAW 1-13-99

Date

Daytime Phone #

CR2E037 (11/98)