


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90028 029 \*\*\*\*61.25

<b>DOCUMENT # N93000002033</b> 1. Entity Name <b>CHURCH OF NEW BEGINNINGS NEW BEGINNINGS MINISTRIES, INC.</b>																																																																																																																											
Principal Place of Business 3347 FOWLER STREET FORT MYERS, FL 33901		Mailing Address 1412 COLUMBUS AVENUE LEHIGH ACRES, FL 33936																																																																																																																									
2. Principal Place of Business <b>505 Alabama Rd. South</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 1857</b> Suite, Apt. #, etc.																																																																																																																									
City & State <b>Lehigh Acres Fla.</b> Zip <b>33936</b>		City & State <b>Lehigh Acres Fla.</b> Zip <b>33970</b>																																																																																																																									
Country <b>United States</b>		Country <b>United States</b>																																																																																																																									
4. FEI Number <b>65-0407417</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																																																																																																									
6. Name and Address of Current Registered Agent <b>OUTLAW, WINDFORD REV.</b> <b>1412 COLUMBUS DRIVE</b> <b>LEHIGH ACRES, FL 33972</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																									
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Windford Outlaw</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																											
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>																																																																																																																									
		<b>\$5.00 May Be Added to Fees</b>																																																																																																																									
<b>Make check payable to Florida Department of State</b>																																																																																																																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD OUTLAW, WINDFORD PASTOR</td> <td style="width: 20%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">1412 COLUMBUS AVE</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">LEHIGH ACRES, FL 33972</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>VD OUTLAW, L.B.</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">2531 CHARLESTON PARK DRIVE</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">ALVA, FL 33920</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>VD WILLIAMS, BARBARA</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">3725 6TH STREET WEST</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">LEHIGH ACRES, FL 33971</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>SD OUTLAW, MICHELLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">3725 6TH STREET W</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">LEHIGH ACRES, FL 33971</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>TD OUTLAW, WINDFORD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">1412 COLUMBUS AVENUE</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">LEHIGH ACRES, FL 33936</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>TD OUTLAW, CHRISTINE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">2531 CHARLESTON PARK DRIVE</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">ALVA, FL 33920</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> </div>				TITLE	PD OUTLAW, WINDFORD PASTOR	<input type="checkbox"/> Delete	NAME	1412 COLUMBUS AVE		STREET ADDRESS	LEHIGH ACRES, FL 33972		CITY-ST-ZIP			TITLE	VD OUTLAW, L.B.	<input type="checkbox"/> Delete	NAME	2531 CHARLESTON PARK DRIVE		STREET ADDRESS	ALVA, FL 33920		CITY-ST-ZIP			TITLE	VD WILLIAMS, BARBARA	<input checked="" type="checkbox"/> Delete	NAME	3725 6TH STREET WEST		STREET ADDRESS	LEHIGH ACRES, FL 33971		CITY-ST-ZIP			TITLE	SD OUTLAW, MICHELLE	<input type="checkbox"/> Delete	NAME	3725 6TH STREET W		STREET ADDRESS	LEHIGH ACRES, FL 33971		CITY-ST-ZIP			TITLE	TD OUTLAW, WINDFORD	<input type="checkbox"/> Delete	NAME	1412 COLUMBUS AVENUE		STREET ADDRESS	LEHIGH ACRES, FL 33936		CITY-ST-ZIP			TITLE	TD OUTLAW, CHRISTINE	<input type="checkbox"/> Delete	NAME	2531 CHARLESTON PARK DRIVE		STREET ADDRESS	ALVA, FL 33920		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																											
SIGNATURE: <u>Windford Outlaw / Windford Outlaw</u> <b>3-19/04</b> <sup>(239)</sup> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																											