2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2007
Secretary of State

DOCUMENT# N93000002033

Entity Name: CHURCH OF NEW BEGINNINGS NEW BEGINNINGS MINISTRIES, INC.

Current Principal Place of Business:

505 ALABAMA ROAD SOUTH
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

PO BOX 1857
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: 65-0407417 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OUTLAW, WINDFORD REV.
1412 COLUMBUS DRIVE
LEHIGH ACRES, FL 33972 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	OUTLAW, WINDFORD PASTOR	
Address:	1412 COLUMBUS AVE	
City-St-Zip:	LEHIGH ACRES, FL 33972	
Title:	VD	( ) Delete
Name:	OUTLAW, CHRISTINE	
Address:	2531 CHARLESTON PARK DRIVE	
City-St-Zip:	ALVA, FL 33920	
Title:	SD	( ) Delete
Name:	CHERRY, LUCENDA	
Address:	4208 5TH STREET W	
City-St-Zip:	LEHIGH ACRES, FL 33971	
Title:	TD	( ) Delete
Name:	OUTLAW, MICHELLE	
Address:	3725 6TH STREET W.	
City-St-Zip:	LEHIGH ACRES, FL 33971	
Title:	TD	( ) Delete
Name:	OUTLAW, EARNEST	
Address:	BERT ST.	
City-St-Zip:	LEHIGH ACRES, FL 33972	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	OUTLAW, EARNEST	
Address:	804 BERT AVE. N.	
City-St-Zip:	LEHIGH ACRES, FL 33971	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WINDFORD OUTLAW REV 02/25/2007

Electronic Signature of Signing Officer or Director — Date