

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002033

FILED
Apr 29, 2008
Secretary of State

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: 804 BERT AVE. N.
City-St-Zip: LEHIGH ACRES, FL 33971

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: CHERRY, JOSEPH
Address: 4208 5TH STREET W
City-St-Zip: LEHIGH ACRES, FL 33971

I hereby certify that the information supplied with this filing does not qualify 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: LUCENDA CHERRY

SD

04/29/2008

Electronic Signature of Signing Officer or Director

Date