

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002033

FILED  
Feb 08, 2009  
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:**

OUTLAW, WINDFORD REV.  
1412 COLUMBUS AVENUE  
LEHIGH ACRES, FL 33972 US

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:

02/08/2009

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: CHERRY, JOSEPH  
Address: 4208 5TH STREET W  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

02/08/2009

Electronic Signature of Signing Officer or Director

Date