

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002033

**FILED**  
**Feb 20, 2010**  
**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 AVENUE  
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  
Name: OUTLAW, WINDFORD PASTOR  
Address: 1412 COLUMBUS AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VD  
Name: OUTLAW, CHRISTINE  
Address: 2531 CHARLESTON PARK DRIVE  
City-St-Zip: ALVA, FL 33920

Title: SD  
Name: CHERRY, LUCENDA  
Address: 4208 5TH STREET W  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: TD  
Name: OUTLAW, MICHELLE  
Address: 3725 6TH STREET W.  
City-St-Zip: LEHIGH ACRES, FL 33971

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

I hereby 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 all other like empowered.

SIGNATURE: LUCENDA CHERRY

SD

02/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date