

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90144 006 ****61.25

DOCUMENT # N96000001644

1. Entity Name

NEW BEGINNING OUTREACH MINISTRIES, INC.



Principal Place of Business

4489 JACKSON ROAD
COTTONDALE FL 32431

Mailing Address

4489 JACKSON ROAD
COTTONDALE FL 32431

2. Principal Place of Business

2254 Magnolia Drive

Suite, Apt. #, etc.

3. Mailing Address

2254 Magnolia Drive

Suite, Apt. #, etc.

City & State

Cottondale Florida

City & State

Cottondale Florida

Zip

32431

Country

USA

Zip

32431

Country

USA

4. FEI Number

59-3605883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

HENDERSON, MARVIN S
2895 PONTIAC LOOP
COTTONDALE FL 32431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HENERSON, MARVIN
STREET ADDRESS 2894 PONTIAC LOOP
CITY-ST-ZIP COTTONDALE FL 32431

TITLE VD ☐ Delete
NAME HENERSON, IRENE
STREET ADDRESS 2894 PONTIAC LOOP
CITY-ST-ZIP COTTONDALE FL 32431

TITLE SD ☐ Delete
NAME BAKER, KENNETH
STREET ADDRESS 2921 WYNN STREET
CITY-ST-ZIP MARIANNA FL 32446

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Marvin S. Henderson Marvin S. Henderson 3-29-06 850-352-4733