

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001393

FILED
Apr 18, 2005
Secretary of State

Entity Name: NEW BEGINNINGS DELIVERANCE CENTER, INC.

Current Principal Place of Business:

5240 NW 27TH AVE.
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

5240 NW 27TH AVE.
OCALA, FL 34475

New Mailing Address:

FEI Number: 59-3433001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASHINGTON, NATHANIEL
5240 NW 27TH AVE.
OCALA, FL 34475 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: WASHINGTON, NATHANIEL
Address: 5240 NW 27TH AVE.
City-St-Zip: OCALA, FL 34475

Title: TD () Delete
Name: WASHINGTON, PATRICIA A
Address: 5240 NW 27TH AVE.
City-St-Zip: OCALA, FL 34475

Title: VD () Delete
Name: WASHINGTON, STEVEN D
Address: 5311 NW 27TH AVE.
City-St-Zip: OCALA, FL 34475

Title: S () Delete
Name: WASHINGTON, SABRINA R
Address: 5240 NW 27TH AVE
City-St-Zip: OCALA, FL 34475

Title: TD () Delete
Name: WASHINGTON, PATRICIA A
Address: 5240 NW 27TH AVE.
City-St-Zip: OCALA, FL 34475

Title: S () Delete
Name: COOK, CINDY L
Address: 5311 NW 27TH AVE
City-St-Zip: OCALA, FL 34475

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CLC

S

04/18/2005

Electronic Signature of Signing Officer or Director

Date