

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N99000002621

1. Entity Name
NEW BEGINNING DELIVERANCE CENTER INC.



Principal Place of Business

1104 N.W. 6TH STREET
FT. LAUDERDALE, FL 33311

Mailing Address

652 NW 5TH COURT
HALLANDALE, FL 33009 US



04032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0992818

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, LARRIE
1104 N.W. 6TH STREET
FT. LAUDERDALE, FL 33311

**DO NOT WRITE
IN THIS SPACE**

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 rechartering)

1100000723581

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

05/03/07-80039-019 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME ROBERTS, LARRIE
STREET ADDRESS 2750 S.W. 3RD. ST.
CITY-ST-ZIP FT. LAUDERDALE, FL 33312

TITLE D
NAME WILSON, CORETTA
STREET ADDRESS 652 N.W. 5TH CT.
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE D
NAME WILSON, LUTTIE M
STREET ADDRESS 652 N.W. 5TH CT.
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Coretta Wilson CORETTA WILSON

4-19-07

Date

Daytime Phone #