## 2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

DOCUMENT# N00000006155

Entity Name: NEW BEGINNING CHURCH OF DELIVERANCE OF ALL

NATIONS, INC.

**Current Principal Place of Business:** 

6319 NW 2ND AVE MIAMI, FL 33150

**Current Mailing Address:** 

915 NW 1ST AVE BAY 3-A

MIAMI, FL 33136

FEI Number: 65-1044998 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CUMMINGS-GRAYSON & CO. 915 NW 1ST AVE BAY 3-A MIAMI, FL 33136 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:

Date Electronic Signature of Registered Agent

**FILED** Dec 02, 2013

**Secretary of State** CC2097866937

Date

Officer/Director Detail:

Title **PASTOR** Title **DEACON** 

CARTY, MARCIA G **BROOKINS, SYLVESTER** Name Name

Address 3321 NW 214TH ST Address 6319 NW 2ND AVE

City-State-Zip: MIAMI FL 33150 City-State-Zip: MIAMI FL 33050

Title **TREASURER** Title **SECRETARY** 

Name SMITH, PAMELA Name OMOAKA, SHANEETHA R Address 6319 NW 2ND AVE 6319 NW 2ND AVENUE Address

City-State-Zip: MIAMI FL 33150 MIAMI FL 33150 City-State-Zip:

Title **ELDER** Title **TRUSTEE** 

Name FERGUSON, WELLINGTON CUMMINGS, HENRY J SR. Name

6319 NW 2ND AVE Address Address 6319 NW 2ND AVE City-State-Zip: MIAMI FL 33150

Title **ELDER** 

City-State-Zip:

MCDONALD, GEORGE Name Address 6319 NW 2ND AVE

MIAMI FL 33150 City-State-Zip:

MIAMI FL 33150

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: MARCIA CARTY **PASTOR** 12/02/2013