

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000004369

**FILED**  
**Feb 23, 2016**  
**Secretary of State**  
**CC9528723917**

**Entity Name:** NEW BEGINNINGS OUTREACH MINISTRIES OF CENTRAL FLORIDA, INC

**Current Principal Place of Business:**

919 OBSERVATORY COURT  
ORLANDO, FL 32818

**Current Mailing Address:**

919 OBSERVATORY COURT  
ORLANDO, FL 32818

**FEI Number:** 35-2335133

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BIGGS, VIRGINIA L  
919 OBSERVATORY COURT  
ORLANDO, FL 32818 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BIGGS, VIRGINIA L  
Address 919 OBSERVATORY COURT  
City-State-Zip: ORLANDO FL 32818

Title VP  
Name BIGGS, KEITH E  
Address 919 OBSERVATORY COURT  
City-State-Zip: ORLANDO FL 32818

Title T  
Name RESTAINO, CAROL  
Address 808 CALABRIA DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title BOARD  
Name HUSSEY, JEFFREY  
Address 853 VICTORIA TER  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title BOARD  
Name CROSS, TERRIE  
Address 844 GROVESMERE LOOP  
City-State-Zip: OCOEE FL 34761

Title BOARD  
Name CRAIG, TOWNSEND  
Address 3650 CUMBRIA COURT  
City-State-Zip: APOPKA FL 32712

Title BOARD  
Name RHONDA, TOWNSEND  
Address 3650 CUMBRIA COURT  
City-State-Zip: APOPKA FL 32712

Title BOARD  
Name REILLY, DIANNE  
Address 1320 CRESCENT LAKE DRIVE  
City-State-Zip: WINDERMERE FL 34786

**Continues on page 2**

*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:** VIRGINIA L. BIGGS

**PRESIDENT**

**02/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title BOARD  
Name MOJICA, VICTOR  
Address 3014 ISLAND BAY CIRCLE  
City-State-Zip: SANFORD, FL 32771

Title HOUSING ADVSORY BOARD  
Name JONATHAN, PINDER  
Address 4381 PLAYER CIRCLE  
City-State-Zip: ORLANDO FL 32808

Title HOUSING ADVISORY BOARD  
Name CINDY , MAXWELL  
Address 5411 WISTER LANE  
City-State-Zip: ORLANDO FL 32810

Title SECRETARY  
Name MOJICA, STEPHANIE  
Address 3014 ISLAND BAY CIRCLE  
City-State-Zip: SANFORD FL 32771

Title HOUSING ADVISOYR BOARD  
Name PAM, PINDER  
Address 4381 PLAYER CIRCLE  
City-State-Zip: ORLANDO FL 32808