

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211530799

1.) CORPORATION NAME:

**New Beginnings Deliverance Ministries, INC.**

DUE DATE: **8/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR  
ARCHIE SANDERS  
411 W 34TH ST  
NORFOLK, VA 23508**

SCC ID NO: **06009575**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**NORFOLK CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2801 MONTICELLO AVENUE  
SUITE D

CITY/ST/ZIP: NORFOLK, VA 23504-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MAGALINE M KNOX	
TITLE:	PASTOR	
ADDRESS:	260 PROVIDENCE ROAD	
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23325-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ANTONIO N KNOX	
TITLE:	DIRECTOR	
ADDRESS:	3613 GREENWOOD DRIVE	
CITY/ST/ZIP/CO:	PORTSMOUTH, VA 23701-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ARCHIE SANDERS	
TITLE:	DIRECTOR	
ADDRESS:	411 W 34TH ST	
CITY/ST/ZIP/CO:	NORFOLK, VA 23508-	

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MAGALINE M KNOX	MAGALINE M KNOX, PASTOR	12/29/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.