

1.) CORPORATION NAME: <b>New Beginnings Deliverance Ministries, INC.</b>	DUE DATE: <b>8/31/2012</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>ARCHIE SANDERS 411 W 34TH ST NORFOLK, VA 23508</b>	SCC ID NO: <b>06009575</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>NORFOLK CITY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

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.

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

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

NAME: ARCHIE SANDERS	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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	1/3/2013
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.