2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 06, 2008 08:00 All Secretary of State **DOCUMENT # 729135** 1. Entity Name NEW BEGINNINGS, INC. Principal Place of Business Mailing Address 162 FAIRWAY HILLS 162 FAIRWAY HILLS P.O. BOX 228 P.O. BOX 228 WAYNESVILLE NC 28786 WAYNESVILLE NC 28786 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 23-7105659 Not Applicable Zip Country ZiD Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TYLER, SARAH Street Address (P.O. Box Number is Not Acceptable) 301 E CAROLINA ST SUITE 704 TALLAHASSEE FL 32301 Z:p Code 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, typod or printed name of registered arient and "Lis if applicable, (NOTE: Benistered Agent strings relieguized when ternstating) DATE FILE NOW: FEE IS \$61.25 .. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State ŢŊĸĸŊŊĸĸ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delate TITLE Change PURVIS, SUSAN H. MAME NAME U00000818339 162 FAIRWAY HILLS STREET ADDRESS 02/15/08-80038-012 70.00 STREET ADDRESS WAYNESVILLE NO CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delate TITLE Change Addition PURVIS, NANCY P NAME NAME 162 FAIRWAY HILLS STREET AUDRESS STREET ADDRESS WAYNESVILLE NO CITY-ST-ZIP CHY-ST-ZIP ☐ Delete TITLE TITLE Change CT Addition PURVIS, THOMAS G. NAME NAME STREET ADDRESS 162 FAIRWAY HILLS STREET ADDRESS CITY-ST-ZIP WAYNESVILLE NO CITY-ST-ZIP DITLE Delete HE Change ne:tibbA 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z-P ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z/P ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY+ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 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.

828-456-3628

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: