

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90090 036 ****61.25

DOCUMENT # N01000004341

1. Entity Name

NEW BEGINNINGS FELLOWSHIP OF CITRUS COUNTY, INC.

Principal Place of Business

Mailing Address

978 E. RAY STREET
 HERNANDO FL 34442

978 E. RAY STREET
 HERNANDO FL 34442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

39-3687970

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURKE, JEFFREY L
978 E. RAY STREET
HERNANDO FL 34442

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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 *Jeffrey L. Burke*
 Signature, typed or printed name of registered agent and title if applicable.

Jeffrey L. Burke
 (NOTE: Registered Agent signature required when reinstating)

9-3-02
 DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BURKE, JEFFREY L	
STREET ADDRESS	978 E. RAY STREET	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURKE, PAMELA L	
STREET ADDRESS	978 E. RAY STREET	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROWE, PAUL T	
STREET ADDRESS	4580 S. LOVERING POINT	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeffrey L. Burke* REQUIRED *Jeffrey L. Burke* *9-3-02* *352/637-5779*

CR2E037 (4/02)