


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000004341**

1. Entity Name  
 NEW BEGINNINGS FELLOWSHIP OF CITRUS COUNTY, INC.



Principal Place of Business 978 E. RAY STREET HERNANDO, FL 34442	Mailing Address 978 E. RAY STREET HERNANDO, FL 34442
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**DO NOT WRITE IN THIS SPACE**



02112004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3687970	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

U00000073884  
 03/02/04-80055-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, JEFFREY L 978 E. RAY STREET HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, PAMELA L 978 E. RAY STREET HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, PAUL T 4580 S. LOVERING POINT INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-04 352-637-5779  
 Date Daytime Phone #