

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004341

FILED
Sep 06, 2006
Secretary of State

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

Current Principal Place of Business:

HIGHWAY 41 SOUTH
INVERNESS, FL 34450

New Principal Place of Business:

2577 N. FLORIDA AVE.
HERNANDO, FL 34442

Current Mailing Address:

PO BOX 462
INVERNESS, FL 34451

New Mailing Address:

P.O. BOX 542
HERNANDO, FL 34442

FEI Number: 59-3687970 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BURKE, JEFFREY L
2001 E STEVENS
INVERNESS, FL 34453 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BURKE, JEFFREY L
Address: 978 E. RAY STREET
City-St-Zip: HERNANDO, FL 34442

Title: D () Delete
Name: BURKE, PAMELA L
Address: 978 E. RAY STREET
City-St-Zip: HERNANDO, FL 34442

Title: D () Delete
Name: ROWE, PAUL T
Address: 4580 S. LOVERING POINT
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SIMON, JESSICA L ASST.
Address: 978 E. RAY STREET
City-St-Zip: HERNANDO, FL 34442

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JESSICA L. SIMON

D

09/06/2006

Electronic Signature of Signing Officer or Director

_____ Date