


2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000004741**

1. Entity Name  
NEW BEGINNING FAMILY FELLOWSHIP, INC.



Principal Place of Business 4004 BONITA RD. HOLIDAY, FL 34691	Mailing Address PO BOX 31 TARPON SPRINGS, FL 34688-0332
---	---

**DO NOT WRITE IN THIS SPACE**

% D , - , , , , , 0 3 0 - D &

01262004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3737414	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

HOULLIS, MARY L  
276 KNOLLWOOD ROAD  
TARPON SPRINGS, FL 34688

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOULLIS, MARY L 276 KNOLLWOOD ROAD TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HADESTY, MARK 2718 OAK BEND COURT NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS YOUNG, SANDY 2338 TAHITIAN DRIVE HOLIDAY, FL 34961
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000021281  
01/29/04-80101-024 61.25

**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:** Mary Lou Houllis MARY LOU HOULLIS 1-26-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

727-934-8617