

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004741

FILED
Mar 02, 2009
Secretary of State

Entity Name: NEW BEGINNING FAMILY FELLOWSHIP, INC.

Current Principal Place of Business:

4004 BONITA RD.
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

PO BOX 31
TARPON SPRINGS, FL 346880332

New Mailing Address:

FEI Number: 59-3737414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOULLIS, MARY L
276 KNOLLWOOD ROAD
TARPON SPRINGS, FL 34688 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: DP () Delete
Name: HOULLIS, MARY L
Address: 276 KNOLLWOOD ROAD
City-St-Zip: TARPON SPRINGS, FL 34688

Title: DT () Delete
Name: HADESTY, MARK
Address: 2718 OAK BEND COURT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DS () Delete
Name: YOUNG, SANDY
Address: 2338 TAHITIAN DRIVE
City-St-Zip: HOLIDAY, FL 34961

Title: DS (X) Delete
Name: YOUNG, SANDY
Address: 38791- US HWY 19 N
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: HADESTY, PAMELA
Address: 2718 OAK BEND COURT
City-St-Zip: HOLIDAY, FL 34655

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

I hereby certify that the information supplied with this filing does not qualify 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: PAMELA HADESTY

DS

03/02/2009

Electronic Signature of Signing Officer or Director

_____ Date