

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004741

**FILED**  
**Feb 18, 2010**  
**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  
Name: HOULLIS, MARY L  
Address: 276 KNOLLWOOD ROAD  
City-St-Zip: TARPON SPRINGS, FL 34688

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

Title: DS  
Name: HADESTY, PAMELA  
Address: 2718 OAK BEND COURT  
City-St-Zip: HOLIDAY, FL 34655

I hereby 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 all other like empowered.

SIGNATURE: MARY LOU HOULLIS

DP

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date