

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005
Secretary of State

DOCUMENT# N02000005111

Entity Name: NEW IMAGE CENTER, INCORPORATED

Current Principal Place of Business:

11 KINGSMAN CIR
FT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

11 KINGSMAN CIR
FT MYERS, FL 33905

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

Name and Address of New Registered Agent:

STOCKTON, ALAN B
11 KINGSMAN CIR
FT MYERS, FL 33905 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CULLIVER, SHERRILL
Address: 913 SE 27TH TERR
City-St-Zip: CAPE CORAL, FL 33904

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

Title: D () Delete
Name: JENKINS, PATRICIA
Address: 4751 ZANA DR
City-St-Zip: FT MYERS, FL 33905

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

Title: D () Delete
Name: FERRELL, ELISABETH
Address: 2379 DOVER AVE
City-St-Zip: FT MYERS, FL 33907

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

Title: D () Delete
Name: HUDSON, GLENDA
Address: 3028 ST CHARLES ST
City-St-Zip: FT MYERS, FL 33901

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICIA JENKINS

OFF

09/06/2005

Electronic Signature of Signing Officer or Director

_____ Date