

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90099 010 ****61.25



DOCUMENT # N06000007357
 1. Entity Name
NEW BEGINNINGS HEALING CENTER, INC.

Principal Place of Business
**212 W. MICHIGAN ST.
 ORLANDO, FL 32806**

Mailing Address
**P.O. 568569
 ORLANDO, FL 32856**



2. Principal Place of Business - No P.O. Box #
1355 Tadsworth Terr

3. Mailing Address
 Suite, Apt. #, etc. _____
 Suite, Apt. #, etc. _____

01102008 Chg-NP CR2E037 (12/06)

City & State
Lake Mary

City & State _____

4. FEI Number
34-1355965

Applied For
 Not Applicable

Zip
32746

Country
USA

Zip _____
 Country _____

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**TAYLOR, SCOTT
 3704 OAKVIEW DR
 ORLANDO, FL 32812**

7. Name and Address of New Registered Agent
 Name **Dorothy Shrider**
 Street Address (P.O. Box Number is Not Acceptable)
1355 Tadsworth Terrace
 City **Lake Mary** FL Zip Code **32746**

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 *Dorothy E. Shrider* *Dorothy E. Shrider* *1-11-2008*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, JONATHAN PASTOR 212 W MICHIGAN ST ORLANDO, FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, REBEKAH PASTOR 212 W MICHIGAN ST ORLANDO, FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ARTHUR, MARK 212 W MICHIGAN ST ORLANDO, FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1546 Cherry Blossom Terrace Lake Mary FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1355 Tadsworth Terrace Lake Mary FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 702 Holbrook Circle Lake Mary FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Rebekah Miller* *Rebekah Miller* *1-11-2008* *407-251-0114*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #