

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729135** (4)  
1. Corporation Name  
**NEW BEGINNINGS, INC.**



Principal Place of Business <b>20 FAIRWAY HILLS WAYNESVILLE N.C. 28786</b>	Mailing Address <b>20 FAIRWAY HILLS WAYNESVILLE N.C. 28786</b>
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3. Date Incorporated or Qualified  
**03/21/1974**

4. FEI Number  
**23-7105659**

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business <b>21 162 Fairway Hills</b>	2a. Mailing Address <b>2a 162 Fairway Hills</b>
Suite, Apt. #, etc. <b>22 PO Box 228</b>	Suite, Apt. #, etc. <b>27 PO Box 228</b>
City & State <b>23 Waynesville, NC</b>	City & State <b>28 Waynesville, NC</b>
Zip <b>24 28786</b>	Zip <b>29 28786</b>
Country <b>25 USA</b>	Country <b>30 USA</b>

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

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

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MESSER, O. M.  
RT. 5, BOX 974  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name <b>Jack Tyler</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4708 Center Drive</b>
83
84 City <b>Tallahassee</b>
85 FL
86 Zip Code <b>32310</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ☒ **Jack E. Tyler** **JACK E. TYLER** **2/12/98**  
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>PURVIS, SUSAN H.</b>	
STREET ADDRESS	<b>20 FAIRWAY HILLS</b>	
CITY-ST-ZIP	<b>WAYNESVILLE N.C.</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>PURVIS, NANCY P</b>	
STREET ADDRESS	<b>20 FAIRWAY HILLS</b>	
CITY-ST-ZIP	<b>WAYNESVILLE N.C.</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>PURVIS, THOMAS G.</b>	
STREET ADDRESS	<b>20 FAIRWAY HILLS</b>	
CITY-ST-ZIP	<b>WAYNESVILLE NC</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Thomas G. Purvis** **Thomas G. Purvis** **2/12/98** **204 456-3628**

CR2E037 (10/97)