

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000001890</b>	
1. Entity Name <b>NEW BEGINNINGS FAMILY &amp; CHILDREN'S SERVICES, INC.</b>	
Principal Place of Business <b>141 WILLIS AVENUE MINEOLA, NY 11501</b>	Mailing Address <b>1301 SEMINOLE BLVD., STE 111 LARGO, FL 33770</b>



03032005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>11-2733136</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GRAFFEO, BARBARA  
10636 HARBORSIDE DRIVE  
LARGO, FL 33773**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**1100000257057  
03/09/05-80038-021 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARK, CHONG H P.O. BOX 709 PORT JERVIS, NY 12771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, JAE GOOD 282 BIRCHWOOD PARK DR JERICHO, NY U11753
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAFFEO, BARBARA 10636 HARBORSIDE DRIVE LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAZARUS, JOAN 54 ELM ST LYNBROOK, NY 11563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHIN, PAUL CPA 36-22A UNION STREET FLUSHING, NY 11354
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WING, JOSEPH ESQ 46 LOCUST AVENUE BETHPAGE, NY 11714

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BARBARA GRAFFEO 3/4/05 (727) 584-5262**

Date

Daytime Phone #