

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001890

FILED
May 14, 2009
Secretary of State

Entity Name: NEW BEGINNINGS FAMILY & CHILDREN'S SERVICES, INC.

Current Principal Place of Business:

141 WILLIS AVENUE
MINEOLA, NY 11501

New Principal Place of Business:

Current Mailing Address:

1301 SEMINOLE BLVD., STE 111
LARGO, FL 33770

New Mailing Address:

FEI Number: 11-2733136 **FEI Number Applied For ()** **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:

GRAFFEO, BARBARA
10636 HARBORSIDE DRIVE
LARGO, FL 33773 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: P () Delete
Name: PARK, CHONG H
Address: P.O. BOX 709
City-St-Zip: PORT JERVIS, NY 12771

Title: D () Delete
Name: KIM, JAE GOOD
Address: 282 BIRCHWOOD PARK DR
City-St-Zip: JERICO, NY U11753

Title: S () Delete
Name: GRAFFEO, BARBARA
Address: 10636 HARBORSIDE DRIVE
City-St-Zip: LARGO, FL 33773

Title: D () Delete
Name: LAZARUS, JOAN
Address: 54 ELM ST
City-St-Zip: LYNBROOK, NY 11563

Title: T () Delete
Name: CHIN, PAUL CPA
Address: 36-22A UNION STREET
City-St-Zip: FLUSHING, NY 11354

Title: V () Delete
Name: WING, JOSEPH ESQ
Address: 46 LOCUST AVENUE
City-St-Zip: BETHPAGE, NY 11714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BARBARA GRAFFEO

OFF.

05/14/2009

Electronic Signature of Signing Officer or Director

Date