

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90293 012 ****61.25

DOCUMENT # N00000002313 1. Entity Name NEW BEGINNINGS VISITATION, ADOPTION AND COUNSELING CENTER, INC.			
Principal Place of Business 810 GRACE AVENUE PANAMA CITY, FL 32401		Mailing Address PO BOX 677 PANAMA CITY, FL 32402 US	
2. Principal Place of Business 801 Jenks Ave Suite B		3. Mailing Address 801 Jenks Ave Suite B	
City & State Panama City, FL.		City & State Panama City, FL.	
Zip 32401		Zip 32401	
Country Bay		Country Bay	
4. FEI Number 59-3634498		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARMON, SANDRA T 125 PALM HARBOUR BLVD. PANAMA CITY BEACH, FL 32408		7. Name and Address of New Registered Agent Name Catherine Ake Street Address (P.O. Box Number is Not Acceptable) 186 Albany Thomas Rd Wewahitchka FL 32465	
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 Catherine Ake <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 1/4/2004 <small>(NOTE: Registered Agent signature required when renewing)</small>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUBUISSON, PAULA J 703 KRISTANNA DRIVE PANAMA CITY, FL 32405	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Catherine Ake 186 Albany Thomas Rd. Wewahitchka, FL. 32465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM GARMON, SANDRA T 125 PALM HARBOUR BLVD. PANAMA CITY BEACH, FL 32408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Pres. Donald Ake 186 Albany Thomas Rd. Wewahitchka, FL. 32465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARMON, DONALD S 125 PALM HARBOUR BLVD. PANAMA CITY BEACH, FL 32408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/ Treasurer Kimberly Condrey 210 Albany Thomas Rd Wewahitchka, FL. 32465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADSHAW, SHARON K 509 PLANTATION DRIVE PANAMA CITY, FL 32404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Leslie Atkinson 12642 Piercy Rd Panama City, FL. 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARMAN, BRIAN 1905 CALHOUN AVE PANAMA CITY, FL 32405	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Cheryl S. Jones 3006 Kings Harbour Rd Panama City, FL. 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: Catherine Ake <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/4/2004 Daytime Phone # 850-832-5681	