2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N00000002313

Entity Name: NEW BEGINNINGS VISITATION, ADOPTION AND COUNSELING CENTER, INC.

Current Principal Place of Business:

801 JENKS AVE.
SUITE B
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

801 JENKS AVE.
SUITE B
PANAMA CITY, FL 32401 US

New Mailing Address:

FEI Number: 59-3634498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AKE, CATHERINE
186 ALBANY THOMAS RD.
WEWAHITCHKA, FL 32465 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: AKE, CHATHERINE
Address: 186 ALBANY THOMAS RD.
City-St-Zip: WEWAHITCHKA, FL 32465

Title: V ( ) Delete
Name: AKE, DONALD
Address: 186 ALBANY THOMAS RD.
City-St-Zip: WEWAHITCHKA, FL 32465

Title: ST ( ) Delete
Name: CONDREY, KIMBERLY
Address: 210 ALBANY THOMAS RD.
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D ( ) Delete
Name: ATKINSON, LESLIE
Address: 12642 PIERCY RD.
City-St-Zip: PANAMA CITY, FL 32404

Title: D ( ) Delete
Name: JONES, CHERYL S
Address: 3006 KINGS HARBOUR RD.
City-St-Zip: PANAMA CITY, FL 32405

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
Name:
Address:
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 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 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: CATHERINE AKE P 04/30/2005

Electronic Signature of Signing Officer or Director — Date