

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90036 045 ****61.25

DOCUMENT # N00000002569

1. Entity Name

NEW LIFE BEGINNINGS, INC.



Principal Place of Business

**1424 W. CANAL ST. SOUTH
BELLE GLADE FL 33430**

Mailing Address

**1424 W. CANAL ST. SOUTH
BELLE GLADE FL 33430**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-1005598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PETTRY, BERTHA
420 SE 3RD AVE
SOUTH BAY FL 33493**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DDS** ☐ Delete
NAME **PETTRY, BERTHA**
STREET ADDRESS **420 SE 3RD AVE.**
CITY-ST-ZIP **SOUTH BAY FL 33493**

TITLE **VTD** ☐ Delete
NAME **CARDIN, DEBORAH**
STREET ADDRESS **669 SE SECOND ST**
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE **PD** ☐ Delete
NAME **SUTTERFIELD, LILLIAN**
STREET ADDRESS **415 SE 3RD AVE**
CITY-ST-ZIP **SOUTH BAY FL 33493**

TITLE **D** ☐ Delete
NAME **ADAMS, PATRICIA**
STREET ADDRESS **6145 NE 72ND CIRCLE WEST**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Secretary** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Bertha Pettry, Inc.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04

Date

561 996 3289

Daytime Phone #