


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90010 023 \*\*\*\*61.25

<b>DOCUMENT # N00000003505</b>	
<b>1. Entity Name</b>	
<b>NEW BEGINNINGS OF HORSESHOE, INC.</b>	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
<b>HWY 351 HORSESHOE ROAD HORSESHOE BEACH FL 32648 US</b>	<b>P O BOX 296 HORSESHOE BEACH FL 32648 US</b>



<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

<b>4. FEI Number</b> 59-3654882		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
CORBIN, SAMUEL J 2ND AVENUE EAST HORSESHOE BEACH FL 32648		Name <u>Samuel J. Corbin</u> Street Address (P.O. Box Number is Not Acceptable) <u>14691 SW Hwy. 351</u> City <u>Horseshoe Beach</u> FL Zip Code <u>32648</u>	

**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 Pastor Samuel J. Corbin DATE 2-13-06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORBIN, SAMUEL J P O BOX 3 2ND AVE EAST HORSESHOE BEACH FL 32648 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BIRCHFIELD, MAXINE RT 1 BOX 250 ROCKWELL CAMP RD HORSESHOE BEACH FL 32648 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CORBIN, CHERYL P O BOX 3 2ND AVE E HORSESHOE BEACH FL 32648 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT KIGHT, DANIEL P O BOX 304 5TH AVENUE E HORSESHOE BEACH FL 32648 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 exemptions contained in Section 119, 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: Pastor Samuel J. Corbin 2-13-06