2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N00000003505

Entity Name: NEW BEGINNINGS OF HORSESHOE, INC.

Current Principal Place of Business:

HWY 351 HORSESHOE ROAD
HORSESHOE BEACH, FL 32648 US

New Principal Place of Business:

14691 SW HWY. 351
HORSESHOE BEACH, FL 32648 US

Current Mailing Address:

P O BOX 296
HORSESHOE BEACH, FL 32648 US

New Mailing Address:

FEI Number: 59-3654882 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORBIN, SAMUEL J
14691 SW HWY 351
HORSESHOE BEACH, FL 32648 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: PD ( ) Delete
Name: CORBIN, SAMUEL J
Address: P O BOX 3 2ND AVE EAST
City-St-Zip: HORSESHOE BEACH, FL 32648

Title: VT ( ) Delete
Name: BIRCHFIELD, MAXINE
Address: RT 1 BOX 250 ROCKWELL CAMP RD
City-St-Zip: HORSESHOE BEACH, FL 32648

Title: ST ( ) Delete
Name: CORBIN, CHERYL
Address: P O BOX 3 2ND AVE E
City-St-Zip: HORSESHOE BEACH, FL 32648

Title: CT ( ) Delete
Name: KIGHT, DANIEL
Address: P O BOX 304 5TH AVENUE E
City-St-Zip: HORSESHOE BEACH, FL 32648

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:

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: CHERYL CORBIN ST 01/21/2009
Electronic Signature of Signing Officer or Director — Date