


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000005032 1. Entity Name NEW BEGINNINGS FAMILY HOMES INCORPORATED	
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Principal Place of Business 3719 NE 13TH ST GAINESVILLE, FL 32609	Mailing Address 3719 NE 13TH ST GAINESVILLE, FL 32609
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DO NOT WRITE IN THIS SPACE



03182003 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3722678	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

**COVERT, DARCELLE
3719 NE 13TH ST
GAINESVILLE, FL 32609**

**DO NOT WRITE
IN THIS SPACE**

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 *Darcelle S. Covert* DATE 7/15/04

(NOTE: Registered Agent signature required when reissuing)

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST COVERT, DARCELLE S 3719 NE 13TH ST GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COVERT, EDNA R 3719 NE 13TH ST GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUNNINGHAM, GREG 1303 NE 37TH PL GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STRAWDER, RUTH 1380 NE 12TH TERR GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000168137
07/26/04-80001-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Darcelle S. Covert* DATE 7/15/04 DAYTIME PHONE # (352) 284-0390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR