

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007486

FILED  
Jul 06, 2006  
Secretary of State

Entity Name: NEW BEGINNINGS NET -2- SUCCESS, INC.

## Current Principal Place of Business:

2800 N.E. 59TH STREET  
GAINESVILLE, FL 32609

## New Principal Place of Business:

## Current Mailing Address:

2800 N.E. 59TH STREET  
GAINESVILLE, FL 32609

## New Mailing Address:

FEI Number: 14-1844323      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

THOMAS, JAMES A  
6414 N.E. 27TH AVENUE  
GAINESVILLE, FL 32609      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: REYNOLDS, JACKIE SR.  
Address: 13223 NW 158TH AVE  
City-St-Zip: ALACHUA, FL 32616

Title: VP      ( ) Delete  
Name: WATTS, AMOS SR.  
Address: 905 N.E. 26TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32641

Title: D      ( ) Delete  
Name: WATTS, GEORGE  
Address: 2519 N.E. 71ST STREET  
City-St-Zip: GAINESVILLE, FL 32609

Title: D      ( ) Delete  
Name: ROLLINS, COLUMBUS SR.  
Address: 7015 N.E. 27TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32609

Title: D      ( ) Delete  
Name: WATTS, AMOS JR.  
Address: 905 N.E. 26TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32641

Title: TD      ( ) Delete  
Name: ALFORD, AUDO SR.  
Address: 2941 N.W. 68TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32653

## 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:

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 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: JUANITA WATTS

SECY

07/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date