

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2009
Secretary of State**

DOCUMENT# N03000001682

Entity Name: ADORATION FOR NEW BEGINNING, INC

Current Principal Place of Business:

920 WEST GOVERNMENT STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

920 WEST GOVERNMENT STREET
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 59-3499952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, CALIP M
4093 COBIA STREET
PENSACOLA, FL 32507 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: DAVIS, CALIP M
Address: 4093 COBIA STREET
City-St-Zip: PENSACOLA, FL 32507

Title: VSD () Delete
Name: DAVIS, CARLA R
Address: 4093 COBIA STREET
City-St-Zip: PENSACOLA, FL 32507

Title: TD () Delete
Name: WOODFAULK, IRA L
Address: 1161 HAWTHORN DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: O'DONNELL, JOHN
Address: 8000 EASTWOOD DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: HENDERSON, JAMES
Address: 4106 COBIA STREET
City-St-Zip: PENSACOLA, FL 32507

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:

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: IRA L. WOODFAULK

TD

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date