

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001682

FILED  
Apr 26, 2011  
Secretary of State

**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 (X)**

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CALIP M. DAVIS

PD

04/26/2011

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

\_\_\_\_\_  
Date