

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90198 034 \*\*\*\*61.25

<b>DOCUMENT # N03000003023</b> 1. Entity Name <b>NEW BEGINNINGS OF CENTRAL FLORIDA, INC.</b>					
Principal Place of Business <b>6849 W COLONIAL ORLANDO, FL 32818</b>			Mailing Address <b>P.O. BOX 784136 WINTER GARDEN, FL 34778-4316</b>		
2. Principal Place of Business <b>PO Box 784136</b>			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Winter Garden FL</b>			City & State		
Zip <b>34778-4136</b>		Country <b>US</b>		Zip	
Country		4. FEI Number <b>65-1179569</b>			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COLLINS, LISA 6849 W COLONIAL ORLANDO, FL 32818</b>			7. Name and Address of New Registered Agent Name <b>Lisa Collins</b> Street Address (P.O. Box Number is Not Acceptable) <b>6434 Cava Alta Dr</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32835</b>		
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 <b>Lisa Collins</b> DATE <b>5-1-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COLLINS, LISA</b> <b>P.O. BOX 616075</b> <b>ORLANDO, FL 328616075</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WHEELER, TINA</b> <b>P.O. BOX 470541</b> <b>CELEBRATION, FL 34747</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLLINS, HARRY JR</b> <b>P.O. BOX 616075</b> <b>ORLANDO, FL 328616075</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRYANT, HO MCKOY</b> <b>P.O. BOX 818325</b> <b>ORLANDO, FL 32861</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <b>Lisa Coll</b>			Date <b>5-1-06</b> Daytime Phone # <b>407 996 9366</b>		