2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2004
Secretary of State

DOCUMENT# N03000008437

Entity Name: NEW BEGINNING COMMUNITY RESIDENTIAL HOME, INC.

Current Principal Place of Business:

3712 MCLEAN AVENUE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

3712 MCLEAN AVENUE
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 20-0433949 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILSON, ALBERTA K
3712 MCLEAN AVENUE
ROCKLEDGE, FL 32955 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: D ( ) Delete
Name: WILSON, ALBERTA K
Address: 3712 MCLEAN AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

Title: PD ( ) Delete
Name: WILSON, RACHAD T
Address: 3715 MCLEAN AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

Title: VD ( ) Delete
Name: WILSON, RODNEY T
Address: 834 GARDENER ROAD
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD ( ) Delete
Name: STEWART, DAVE
Address: POST OFFICE BOX 5869
City-St-Zip: TITUSVILLE, FL 327835869

Title: TD ( ) Delete
Name: ANDERSON, KITTY
Address: 3758 SUNWARD DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953

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 for the exemption stated in Section 119.07(3)(i), 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: DAVID W STEWART SD 10/06/2004
Electronic Signature of Signing Officer or Director — Date