

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008437

FILED  
Aug 09, 2005  
Secretary of State

**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)**  
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:**

**Name and Address of New Registered Agent:**

WILSON, ALBERTA K  
3712 MCLEAN AVENUE  
ROCKLEDGE, FL 32955      US

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

TD

08/09/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date