2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004
Secretary of State

DOCUMENT# N03000010877

Entity Name: NEW BEGINNINGS COMMUNITY DEVELOPMENT INC.

Current Principal Place of Business:

2428 PALMDALE ST
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

2428 PALMDALE ST
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 80-0093193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BATTLE, BARBARA JANE
2428 PALMDALE ST
JACKSONVILLE, FL 32208

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: P ( ) Delete
Name: BATTLE, BARBARA JANE
Address: 2428 PALMDALE ST
City-St-Zip: JACKSONVILLE, FL 32208

Title: V ( ) Delete
Name: BUTLER, SHARON
Address: 1818 VOORHIES RD
City-St-Zip: JACKSONVILLE, FL 32209

Title: S ( ) Delete
Name: SWAIN, STACEY
Address: 1443 SUMMIT OAKS DR
City-St-Zip: JACKSONVILLE, FL 32221

Title: T ( ) Delete
Name: HINTON, LINDA
Address: 52 E 54TH ST
City-St-Zip: JACKSONVILLE, FL 32208

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:

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: BARBARA BATTLE P 09/02/2004
Electronic Signature of Signing Officer or Director — Date