


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000010877	
1. Entity Name NEW BEGINNINGS COMMUNITY DEVELOPMENT INC.	

Principal Place of Business 2428 PALMDALE ST JACKSONVILLE, FL 32208	Mailing Address 2428 PALMDALE ST JACKSONVILLE, FL 32208
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03292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0093193	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BATTLE, BARBARA JANE 2428 PALMDALE ST JACKSONVILLE, FL 32208

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BATTLE, BARBARA JANE 2428 PALMDALE ST JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BUTLER, SHARON 1818 VOORHIES RD JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SWAIN, STACEY 1443 SUMMIT OAKS DR JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HINTON, LINDA 52 E 54TH ST JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

04/14/05-80043-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *Barbara Jane Battle* President 4/12/05 904-924-2979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #