

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007395

FILED
Sep 06, 2005
Secretary of State

Entity Name: "NEW BEGINNINGS" HEALTH SERVICES, INC.

Current Principal Place of Business:

619 FAIRWOOD AVENUE #217
CLEARWATER, FL 33759

New Principal Place of Business:

619 FAIRWOOD AVENUE
217
CLEARWATER, FL 33759

Current Mailing Address:

619 FAIRWOOD AVENUE #217
CLEARWATER, FL 33759

New Mailing Address:

619 FAIRWOOD AVENUE
217
CLEARWATER, FL 33759

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
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:

HURST, JUDITH W
619 FAIRWOOD AVENUE #217
CLEARWATER, FL 33759 US

Name and Address of New Registered Agent:

HURST, JUDITH W
619 FAIRWOOD AVENUE
217
CLEARWATER, FL 33759 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:

09/06/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HURST, DON KARL
Address: 619 FAIRWOOD AVENUE #217
City-St-Zip: CLEARWATER, FL 33759

Title: PD () Delete
Name: HURST, JUDITH W
Address: 619 FAIRWOOD AVENUE #217
City-St-Zip: CLEARWATER, FL 33759

Title: D () Delete
Name: FRAZIER, VIRGINIA
Address: 1071 DONEGAN ROAD #169
City-St-Zip: LARGO, FL 33771

Title: D () Delete
Name: HURST, KELSEY RENE
Address: 8418 HAWBUCK STREET
City-St-Zip: TRINITY, FL 33655

Title: D () Delete
Name: BARTLETT TRACY, NATHAN
Address: 172 BELMONT CHURCH ROAD
City-St-Zip: CLYDE, NC 28721

Title: D () Delete
Name: TRACY, MARTHA
Address: 172 BELMONT CHURCH ROAD
City-St-Zip: CLYDE, NC 28721

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:

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: DON KARL HURST

D

09/06/2005

Electronic Signature of Signing Officer or Director

Date