

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007808

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** NEW BEGINNINGS NATIONAL DISASTER RELIEF, INC.

**Current Principal Place of Business:**

7447 SHINDLER DR  
JACKSONVILLE, FL 32222

**New Principal Place of Business:**

**Current Mailing Address:**

7447 SHINDLER DR  
JACKSONVILLE, FL 32222

**New Mailing Address:**

**FEI Number:** 33-1077570      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

ROBINSON, PHILLIP C  
7447 SHINDLER DR.  
JACKSONVILLE, FL 32222      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: S/TR      ( ) Delete  
Name: ROBINSON, PHILLIP  
Address: 7447 SHINDLER DR.  
City-St-Zip: JACKSONVILLE, FL 32222

Title: VP      ( ) Delete  
Name: ROBINSON, CURT  
Address: 6428 BALLEJO CT. S.  
City-St-Zip: JACKSONVILLE,, FL 32210

Title: P      ( ) Delete  
Name: TRUEWORTHY, BRENT  
Address: 112 SOUTH MAIN ST.  
City-St-Zip: BREWER, ME 04412

Title: DIR.      ( ) Delete  
Name: TRUEWORTHY, DARRICK  
Address: 337 BUCK ST.  
City-St-Zip: BANGOR, ME 04401

**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 exemption stated in Chapter 119, 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: PHILLIP ROBINSON

SEC

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date